

South Carolina Department of Health and Environmental Control

FY 2002 - 2003 Annual Accountability Report

September 2003



Accountability Report Transmittal Form

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Section I — Executive Summary

The Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state. The Department is charged with the protection of public health and the environment and carries out its duties pursuant to numerous statutes including, but not limited to the: Emergency Health Powers Act, Pollution Control Act, Safe Drinking Water Act, Hazardous Waste Management Act, Solid Waste Policy and Management Act, Beachfront Management Act, Contagious and Infectious Diseases Act, State Certification of Need and Health Facility Licensure Act, and Vital Statistics Act.

The agency is organized to serve the public under four broad areas:
Environmental Quality Control (EQC),
Health Services (HS),
Health Regulations (HR), and
Ocean and Coastal Resource Management (OCRM).

I.1

Mission
We Promote and Protect the Health of the Public and the Environment
Vision
Healthy People Living in Healthy Communities
Values
Customer Service
Excellence in Government
Use of Applied Scientific Knowledge for Decision-making
Local Solutions to Local Problems
Cultural Competence
Teamwork

The agency performs this mission in a time of change in health services arenas, amid unprecedented state growth that impacts the viability of our environment and the quality of our land, air and water, changing demographics resulting in greater ethnic diversity and an expanding population of retirees, and with added responsibilities and concern for homeland security.

I.2 Key Strategic Goals: The goal of public health is to secure health and promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health. The 2000-2005 Strategic Plan has eight long-term goals and 36 strategic goals. View the entire Strategic Plan at www.scdhec.gov.

LONG TERM GOALS
1. Increase local capacity to promote and protect healthy communities.
2. Improve health for all and eliminate health disparities.
3. Assure children and adolescents are healthy.
4. Increase the quality and years of healthy life for seniors.
5. Protect, continually improve and restore the environment.
6. Protect and enhance coastal resources and ensure proper management for the benefit of current and future generations.
7. Improve organizational capacity and quality.
8. Assist communities in planning for and responsibly managing growth.

I.3 Opportunities and Barriers: DHEC's ability to accomplish its eight long-term goals is affected by the following:

Budget Reductions: The agency continues to promote and protect the health of the public and the environment in the most effective and efficient manner while trying to maintain current levels of service and progress with the impact of reduced funding and reductions in staff. How to do more with less without sacrificing quality or gains in achieving agency goals that will move us closer to the agency's vision of healthy people living in healthy communities remains a great challenge. The agency will continue to evaluate programs and services and may have to eliminate some programs in order to maintain the effectiveness of other programs. Although the agency has focused on reducing central administration before services, reductions to the agency's base budget make it difficult to maintain core performance efforts, diminish field presence, increase the time for response, and decrease the agency's ability to support communities and citizens. [See III.7.2.1.]

Staff Issues-Retention/Turnover/Vacancies: Funding is needed to assure availability and sustainability of a competent work force, particularly in the high-demand, hard-to-fill positions for which current salary levels are well below the private sector, other southeastern states, and other state agencies. Currently, more than 32% of the vacancies in Health Services are for nursing positions. DHEC has the lowest salaries for nurses of all the state agencies, which in turn are lower than the private sector. Other critical positions such as paramedic inspectors, social workers, nutritionists, information systems personnel, and engineers are essential to protect the public's health and the environment. Lack of a competitive structure to replace staff and the growing percentage of experienced staff nearing retirement further impact the agency's ability to carry out its mission. [See above.]

Facilities: As aging facilities (many of the agency's facilities are over 50 years old) and infrastructure deteriorate, access to essential public health and environmental services are being impacted as costs of needed renovations or replacements increase. Facility renovations are necessary to meet the Health Insurance Portability and Accountability Act (HIPAA) requirements for storing records and maintaining security. Building consolidation of the agency's central office in Columbia will improve customer access and cost efficiencies, e.g. travel reductions, computer lines.

Response to Emergencies: Preparation for and recovery from hurricanes and other disasters requires staff resources, time, and equipment to maintain a high level of readiness to protect and respond to citizens' needs. Public health workers and programs are a critical resource for meeting present and future threats. While federal funds for biological preparedness have been received, no federal funds have been made available to address chemical and radiological emergencies with the exception of a federal grant for routine radiological emergency preparedness and response to emergencies occurring at the US Department of Energy –Savannah River Site (SRS) facility.

Trauma System: The state's trauma system is a voluntary system. The 24 hospitals currently designated as trauma centers commit enormous resources in personnel, medical specialties, equipment, training and administrative oversight to provide this specialized care. The trauma system, however, is showing signs of crisis that could lead to the dissolution of life-saving care for thousands of the state's injured citizens because facilities cannot continue to voluntarily

commit the resources, and appropriate physician coverage is not available. Funding is needed to provide an infrastructure at the state level to support this system and to provide direct financial support to hospitals, physicians, rehabilitation centers, and emergency medical service (EMS) providers who care for the injured. [See III.7.4.2.]

Environmental Health: Maintenance of the current level of restaurant inspections remains a challenge with the rapid and continued growth of food establishments at over 200 per year. The food service inspection rate continues to be well below Food and Drug Administration (FDA) recommendations. [See III.7.5.11-12.] Although requests for new septic tank permits remain stable, requests for non-traditional septic tank systems continue to grow and tax existing resources. Reduction of septic tank permit processing time is not possible at the current staff level.

Uncontrolled Sites Contingency Fund for Abandoned Hazardous Waste Sites: The Uncontrolled Sites Fund is used to: prioritize, assess, and clean up contaminated sites; recover funds used in site cleanup; and implement the Brownfields/Voluntary Cleanup Program and the Waste Minimization and Reduction Program. Income to the Fund was generated by fees assessed on the disposal of waste at the Safety-Kleen Pinewood landfill that stopped disposing of waste in September 2000. Since that time, there has been no new income to the Fund. Funding is needed to provide assessment and cleanup of contaminated sites caused by hazardous pollutants, since funds generated from fees assessed for the disposal of waste at the Safety-Kleen Pinewood landfill are no longer available. [See III.7.5.6.]

Improved Water Quality: Water bodies become impaired from pollution. Nonpoint source (runoff) water pollution does not come from a permitted discharge or “point source.” To ensure that our surface water bodies continue as economic assets for all of South Carolina, DHEC must continue to increase field staff capacity and work with stakeholders to discover and prevent large contributors of nonpoint source pollution. As South Carolina grows, the increased amount of industrial wastes, business wastes, and nonpoint source water pollution that our water bodies are expected to accommodate will be an ever-increasing problem. Total Maximum Daily Load (TMDL) development and subsequent pollution reduction strategies that are guided by TMDLs are imperative in improving water quality in South Carolina. Sufficient funding must be acquired to allow for continued development of TMDLs. [See III.7.5.3-4.]

Prevention of Infectious and Chronic Diseases: Chronic diseases, risk factors, and emerging infectious diseases including diabetes, cardiovascular, cancer, obesity, HIV/AIDS, Hepatitis C, and syphilis challenge current resources and planning efforts. Preventing the spread of communicable diseases is a core public health priority. Potential savings in preventable health care costs and individual disease burden can be achieved through timely and effective responses to chronic and emerging communicable diseases. [See III.7.5.]

Coastal Issues: Critical challenges include rapid coastal population growth, declining state and federal support to fund beach renourishment, increasing legal challenges and costs, and managing and protecting freshwater wetlands. [See III.7.5.7.]

I.4 Major Achievements from the Past Year:

A) Emergencies Response and Preparation.

Public Health Preparedness and Response for Bioterrorism Program: DHEC has established strategic leadership and direction for improving public health response and preparedness for

emergencies. Specific accomplishments include: integrated bioterrorism planning efforts; increased state public health laboratory testing capabilities for anthrax, plague, vaccinia, chicken pox, SARS, Monkeypox, and West Nile Virus; formation of 14 smallpox response teams; improved rapid communication network between staff and external partners; bioterrorism training and educational initiatives; and public health preparedness media campaigns for the general public.

Emergency Response: DHEC's Emergency Response Division documented 118 hazardous material spills, 662 oil spills, and 80 fish kills, and responded to 22 nuclear incidents and participated in 33 exercises. They also documented 1,555 calls into the 24-hour emergency response line.

Tin Products: Tin Products released an unknown quantity of organotins into the sewer system that eventually reached and closed the Lexington County Waste Water Treatment Plant. During fiscal year 2003, EPA's emergency response personnel, with oversight by DHEC, conducted a cleanup action at the Tin Products plant site. The Environmental Protection Agency (EPA) has determined that the contamination is now minimal after being diluted and broken down by sunlight. This finding is the second study to give two local creeks a clean bill of health. The Tin Products criminal investigation, conducted by DHEC staff, resulted in criminal convictions for three officials of Tin Products who pled guilty to conspiracy to violate the Clean Water Act.

Starmet: On June 25, 2002, DHEC issued an Emergency and Administrative Order that required the STARMET facility to immediately cease all operations. The site posed an imminent threat to the public and the environment due to the onsite storage of approximately 8,000 metric tons of radioactive waste material, soil and groundwater contamination, releases of radioactive contaminated water from two onsite evaporation ponds, and lack of site security. DHEC has secured the facility and work is ongoing. The EPA conducted an initial assessment and began an emergency removal action to prevent the release of depleted uranium from the wastewater retention ponds and to mitigate other risks posed by hazardous materials on site. The EPA will remain at the site until the inventory of materials is removed.

(B) Response to Chronic and Emerging Health and Environmental Challenges That Affect Quality of Life.

Naturally Occurring Radionuclides in Groundwater: DHEC continues to investigate the extent of naturally occurring radionuclides in public and private drinking water wells. Many rocks and sands from which the well water is drawn can contain some natural amounts of uranium or radium. The uranium is primarily of concern in the Piedmont region of the state, and radium is of concern in the Inner-Coastal Plain region of the state (those areas along the fall line such as Aiken and Lexington Counties). DHEC is helping to coordinate this effort so that the data generated can be tracked and used to better define areas of potential concern.

Fish Consumption Advisories: Advisories have been issued in South Carolina since 1976. Advisories provide the public with information to help the consumer decide where to fish, how much fish to keep and how much fish to eat. DHEC currently monitors fish from all major waterbodies in the state and annually provides updated information to the public. Recently, EPA released information praising South Carolina "for the outstanding job they are doing in identifying areas where fish are safe to eat." Also, as part of the Bio-Monitoring Planning Grant, the agency is partnering with the Medical University of South Carolina and the Children's Lead

Poisoning Prevention Program to test for mercury and lead in children living in the coastal and Pee Dee areas of the state.

Enhanced Resources to Address Chronic Diseases: DHEC obtained additional federal resources to address chronic diseases in the state. This effort resulted in the agency being awarded four continuation grants, and one new grant, in the area of nutrition and physical activity programs to prevent obesity and other chronic diseases. [See III.7.5.]

Expanded Newborn Metabolic Screening: DHEC currently screens all newborns in the state for six disorders. In January 2003, the DHEC Board approved an expansion in the number of disorders covered to nine, with the potential of adding more later. Once implemented, South Carolina will have one of the most comprehensive newborn screening programs in the United States.

(C) Environmental and Coastal Protection and Links to Economic Prosperity.

Brownfields: A Brownfields is defined as "properties that are idle, abandoned or underutilized where expansion or redevelopment has been complicated by real or perceived environmental contamination." DHEC promotes redeveloping a Brownfields site, instead of developing on green, pristine land. South Carolina recently received two grants under EPA's Brownfield's Assessment Demonstration Pilot program. The Catawba Council of Governments and the city of Laurens each received \$200,000 making a total of 11 municipalities in South Carolina that have been awarded Brownfield's funds from the EPA. Currently, 35 non-responsible parties have entered into the voluntary cleanup program with DHEC.

Watershed Planning Initiative: Watershed planning encompasses all the major river basins in the state. Planning provides the scientific basis for development of Total Maximum Daily Loads (TMDLs) for impaired waters and for permitting all water uses; i.e., drinking water, domestic and industrial wastewater discharge, and maintenance of adequate in-stream flows for environmental protection. The continued use of surface water for existing and future economic development is dependent on this watershed based planning effort. [See III.7.5.3-4.]

Early Action Program: DHEC has partnered with 45 of 46 counties and the EPA to bring "cleaner air sooner" to South Carolina. Each of the participants committed to Early Action Compacts in which they will meet certain milestones to achieve attainment of the 8-hour ozone standard by 2007. This is sooner than federally required. This partnership will promote an excellent working relationship while working toward making South Carolina's air cleaner for its citizens to breathe. It is strongly supported by the business community as a proactive effort to protect a good economic climate. [See III.7.5.1.]

Council on Coastal Futures: DHEC convened a Council on Coastal Futures to evaluate effectiveness of the state's coastal program and recommend improvements to address current and future coastal needs. The Council represents a broad spectrum of interests including economic development, environmental protection, local governments, and others. Findings and recommendations to the DHEC board are targeted for mid 2004.

Reconfirmation of Public Trust Lands: In a significant South Carolina Supreme Court decision, the state court found that there was no taking of Sam McQueen's property, when his permit request was denied to bulkhead and backfill two lots in the Cherry Grove area of Myrtle Beach.

The decision, *McQueen v. South Carolina Coastal Council* (a/k/a South Carolina DHEC-OCRM) concluded that these lands are public trust property to be held in trust for the citizens of the state.

Mediation for Disputes: DHEC initiated a mediation option for the coastal program permitting process. Appeals can be time consuming, expensive, and frustrating. Permittees and/or appellants can now pursue mediation of a permitting decision presided over by a neutral third party, so that all parties have a hand in crafting a settlement instead of having the outcome mandated by a judge.

D) Continued Formation of Public-Private Partnerships to Address Public Health and Environmental Concerns.

Dental/Oral Health: DHEC is the lead agency on one of only six projects in the country funded by the Robert Wood Johnson Foundation State Action for Oral Health Access program. The project goals are to improve access to oral health services by linking the child's medical home with a dental provider and empowering families to manage oral health for very young children and those with special health care needs. [See III.7.4.3.]

Medical Homes for Children With Special Health Care Needs: DHEC has continued its partnership with the American Academy of Pediatrics and federal agencies to enhance and expand Medical Homes for Children with Special Health Care Needs (CSHCN). This year DHEC partnered with ETV to develop a broadcast on the "Importance of a Medical Home for CSHCN." This video is being used around the state to train physicians and parents in the concept of an expanded medical home. Two mentor practices are operational that will serve as educational models for other practices. Preliminary evaluation of the mentor practices is showing positive results in outcomes.

Prematurity-March of Dimes Initiative: DHEC has partnered with the March of Dimes in a campaign to reduce premature births in South Carolina through education, clinical interventions and advocacy activities. A Summit on Premature Birth was held in Columbia with over 275 participants representing physicians, public health, hospitals and community organizations. The summit provided an overview of the problem of premature birth, the known risk factors and causes and examples of effective interventions. A group of partners is also developing a state specific implementation plan to address premature births, the leading cause of infant death in the state.

South Carolina Cancer Alliance: DHEC received new federal funding of \$150,000 to support a collaborative effort to address cancer control. A representative and comprehensive plan for South Carolina will be developed with the support and engagement of the Alliance. This funding will enable DHEC to enhance the present infrastructure and develop and facilitate public health approaches to comprehensive cancer prevention and control.

Faith and Health Partnership with the AME Church: The model partnership between DHEC and the 7th Episcopal District of the African Methodist Episcopal Church (AMEC), representing 633 congregations with a membership of about 200,000 statewide, has expanded. The emphasis this past year has been on implementing prevention programs targeting children in the areas of physical activity, oral health, and premature births.

The SEQL Program: Centralina COG has been awarded a \$275,000 grant from the EPA to implement and expand regional efforts to protect quality of life in the bi-state metro Charlotte

region including developing solutions to air, water pollution and land-use problems. The program is called Sustainable Environment for Quality of Life (SEQL) and will support the region's efforts to develop integrated, long-range plans to ensure economic development and a positive quality of life for its future. The Catawba Regional Council of Governments is a partner in this regional effort. DHEC and the North Carolina Department of the Environment and Natural Resources will serve as technical advisors for the project.

I.5 How is the Accountability Report used? The report is distributed to the Board, EMT, managers and supervisors and placed on the agency Web for staff and the public to view. The report is used both internally and externally as a resource for communicating agency performance and achievements. Internally, the report is used in organizational assessment, performance management, performance improvement activities, orientation of staff, and as an agency resource. Externally, the report has been particularly useful in communicating agency performance and function to accrediting boards, community groups, and state and local governments.

Section II — Business Overview

II.1 Number of Employees: DHEC currently has 5,595 budgeted FTE positions. Of these, the agency has 4,640 employees in FTE positions with 955 FTE vacancies. The number of hourly, per-visit, temporary grant and contract employees varies daily. Approximately 500 additional employees fill positions in these categories.

II.2 Operation Locations: DHEC maintains a central office in Columbia and operates its programs, services and regulatory functions in all 46 counties through 12 health and environmental quality control districts and 3 coastal zone management districts.

II.3 Expenditures/Appropriations Chart:

	01-02 Actual Expenditures		02-03 Actual Expenditures		03-04 Appropriations Act	
Major Budget Categories	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$185,225,469	\$ 62,412,642	\$174,002,260	\$ 56,418,392	\$174,658,361	\$52,490,386
Other Operating	100,483,490	19,928,625	94,686,612	18,960,461	154,380,049	24,138,122
Special Items	11,913,802	1,075,206	4,776,577	2,153,158	16,594,569	2,752,149
Permanent Improvements	2,231,487	39,359	140,000	0		
Case Services	91,272,663	6,158,917	88,998,618	7,054,692	84,867,821	7,193,932
Distributions To Subdivisions	5,880,039	1,683,170	7,756,076	3,312,881	11,370,357	2,751,166
Fringe Benefits	53,956,128	18,583,300	50,569,459	16,498,671	51,769,804	17,642,788
Non-recurring	3,089,718	500,920	55,602	14,234		
Total	\$454,052,796	\$110,382,139	\$420,985,204	\$104,412,489	\$493,640,961	\$106,968,543

Other Expenditures:

Sources of Funds	01-02 Actual Expenditures	02-03 Actual Expenditures
Supplemental Bills	\$500,919	\$ 14,234
Capital Reserve Funds	\$ 9,379	\$ 41,368
Bond		
Tobacco	\$2,579,418	

II.4 Key Customers: As the principal advisor to the state on public health and environmental protection, DHEC’s key customers and stakeholders include all citizens of South Carolina. The Department’s programs and services are targeted to the general public, the regulated community, local governments, and other specific groups, according to health or environmental needs, age, or economic status. Key services linked to some agency customer groups include:

Health Services: Screenings, treatment, health education, prevention, emergency response, testing, chronic and infectious disease surveillance & investigation and inspections:

- All SC citizens
- Restaurants
- Under served populations
- Faith communities
- Children with special needs
- Communities
- Women, infants & children
- Clients with TB, STD or HIV

Health Regulation: Certification, licensing, monitoring, inspections & coordination

- Nursing homes
- Health care facilities
- Patients
- Radiological facilities
- Trauma system
- Families

Data, Information and Analysis:

- All SC citizens
- General Assembly
- Federal government
- Media
- Other state agencies

Environmental Services: Permitting, planning, inspections, regulation, monitoring, outreach and education, compliance assistance, enforcement, investigations & emergency response

- All SC citizens
- Business
- Industry
- Communities
- Visitors and tourists
- Local governments
- Regulated community
- Contractors
- Developers

II.5 Key Stakeholders:

SC citizens	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Courts	General Assembly	Providers of revenue
Agency staff	Other state agencies	Providers of information & data
Providers of supplies & equipment	Providers of scientific knowledge	Budget & Control Board

II.6 Organizational Structure: [See next page.]

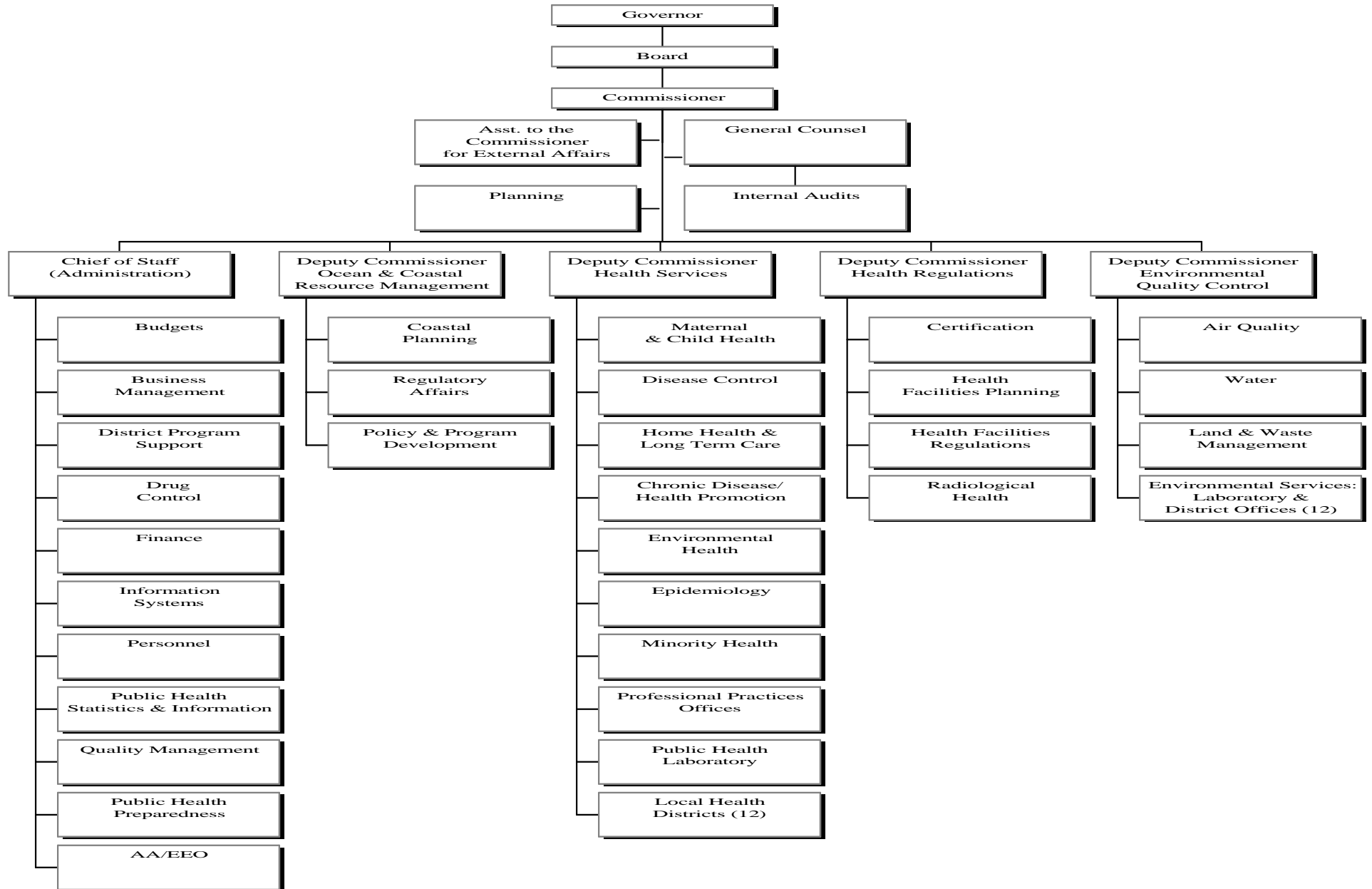
Section III – Elements of Malcolm Baldrige Award Criteria

III.1 Leadership

III.1.1 How do senior leaders set, deploy and communicate: (a) Short and long-term direction (b) Performance expectations (c) Organizational values (d) Empowerment and innovation (e) Organizational and employee learning (f) Ethical behavior? Earl Hunter, Commissioner leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month or more frequently if needed, to provide policy guidance, oversight, approve regulations, hear contested cases, and set direction for the agency.

11.6 Organizational Structure

South Carolina Department of Health and Environmental Control Organization Chart



The Executive Management Team (EMT) provides the senior leadership to advise and support the Commissioner and the Board and to follow the Board's guidance and directives. The EMT is comprised of Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner for External Affairs; Carl Roberts, General Counsel; Doug Calvert, Chief of Staff (Administration); Lewis Shaw, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Chris Brooks, Deputy Commissioner for Ocean and Coastal Resource Management; and Leon Frishman, Deputy Commissioner for Health Regulations.

The EMT functions as a cohesive team, meeting each week or more often as needed to address agency issues and direction. Both long- and short-term direction is established in the agency's five-year, outcomes-based Strategic Plan. Each deputy area has a detailed operational plan, directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the five deputy area operational plans and are expected to be included in each staff member's Employee Performance Management System (EPMS).

The EMT expects agency personnel to use the six organizational values when serving the agency's customers [See I.1.] Posters with the values and agency goals are displayed throughout the agency to reinforce these beliefs. A pocket card and brochure with the agency's mission, vision, values and goals is given to each new employee at employee orientation.

The EMT supports and encourages continuous organization and employee learning. Agency participation in two exceptional grant-funded training programs, the Management Academy for Public Health and the Southeast Regional Public Health Leadership Institute, and in both the Certified Public Manager program and the Executive Institute, enhances employee learning.

Senior leadership adheres to established rules and standards involving personnel, management, and procurement. The Agency Policy Issues Committee (APIC) representing all areas of the agency reviews and adopts new or revised agency policies. The DHEC policy manual is available on the agency Intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. The senior leadership assures that the agency follows both the spirit and the letter of the Freedom of Information Act and the Ethics Act as well as established professional standards. Many agency staffs are certified and/or licensed in particular professional areas such as law, nursing, engineering, social work, nutrition, registered sanitarians and medicine. As such, they adhere to the respective ethical canons and demonstrate these high professional standards to colleagues and staff.

III.1.2 *How do senior leaders establish and promote a focus on customers?* Customer service has been a core agency value for many years. [See III.3.] Members of EMT have received training in customer service and have established customer service training as a requirement for all staff. Several areas of the agency have recently trained staff in the "Fish Philosophy," a customer service and attitude model. Many of the agency's programs and services are built around community partnerships to ensure customer involvement in planning and delivery. Periodically, Board meetings are held at DHEC facilities in different regions of the state to increase public visibility and accessibility to the Board. The agency Internet site has been redesigned to provide easier access to information, including the status of environmental regulations. Numerous publications such as *Healthy People Living in Healthy Communities* are produced to inform citizens of South Carolina about the overall health of the population and the state of the environment. Many other documents are provided to educate customers on a wide range of topics from childhood immunization requirements for school to information for permitted industries and businesses. The South Carolina Community Assessment Net-Geographic Information System (SCAN-GIS) has been completed to provide customers direct Internet access to data for community planning. This information system

recently received the Special Achievement Award, an international award for excellence and innovation, from the Environmental Systems Research Institute. Customer satisfaction measures are found in III.7.1.1-2.

III.1.3 *What key performance measures are regularly reviewed by your senior leaders?* EMT identified a list of critical performance measures from the Strategic Plan that reflect the overall performance of the agency and the state of health and the environment in South Carolina. The Board and EMT review these key performance measures periodically. Each member of EMT reviews additional performance measures related to his/her own area of responsibility on a routine basis. Critical measures reviewed follow:

1. Increase Local Capacity to Promote and Protect Healthy Communities.

- Average number of announced, unannounced and follow-up food inspections.
- Percent of the population served by community water systems providing drinking water that meets all current health based standards.
- Regulatory limit for radiation exposures.

2. Improve Health for All and Eliminate Health Disparities.

- Number of new HIV cases among African Americans and other minorities.
- Rate of death and disability due to HIV/AIDS.

3. Assure Children and Adolescents are Healthy.

- Percentage of adolescents who smoke.
- Percent of appropriately immunized children and adolescents.
- Number having pediatric and family practice public-private partnerships.
- Percentage of children, age 0 to 3, who received a primary care service.
- Percentage of unintended pregnancies (teen pregnancy rate).
- Percentage of infants who survive the first year of life, reducing infant mortality.

4. Increase the Quality and Years of Healthy Life for Seniors.

- Proportion of seniors vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
- Percentage of seniors in nursing homes and community residential care facilities that are vaccinated annually against influenza.
- Number of elder-centered facilities that encourage more homelike environments.
- Rate of injuries due to falls among seniors in nursing homes and community residential care facilities.

5. Protect, Continually Improve and Restore the Environment.

- Percentage of state and associated populations living in areas meeting state and federal primary and secondary ambient air standards.
- Percent of surface waters that are fishable/swimmable.
- Acreage of shellfish beds.
- Percentage of coastal shellfish waters fully approved for harvesting.
- Percent of Underground Storage Tank leaks cleaned up.
- Percent non point source sediment and nutrient loads to rivers and streams are reduced.
- Percent of solid waste recycling rate statewide.

6. Protect and Enhance Coastal Resources and Ensure Proper Management and Access.

- Percentage of beaches with a healthy beach profile.

7. Improve Organizational Capacity and Quality.

- Turnover and retention rates of competent and diverse staff.
- Percentage of staff that have access to appropriate technology, both hardware and software.
- Central agency administrative expenditures compared to total agency expenditures.
- Ratio of administrative FTEs per \$10M in total expenditures.

III.1.4 *How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness of management throughout the organization?* Senior leaders continually seek employee feedback through periodic employee surveys, routine staff meetings, employee suggestion boxes, and statewide video and audio meetings. The 2003 Employee Survey Results [See III.7.3.2-3.] are shared through the DHEC newsletter, Intranet, and group presentations. The information from the survey is used to guide

improvements in agency systems, practices and policies and evaluate progress in the Strategic Plan. The use of new technology for video and audio conferencing has made statewide meetings more cost-effective and promotes efficient use of staff time. The Commissioner uses this technology to host periodic statewide broadcasts to update staff on key budgetary and policy issues. Both internal and external audits as well as numerous audits from the Environmental Protection Agency, Nuclear Regulatory Commission and other federal agencies routinely provide the Board and EMT with information to improve organization performance.

The agency conducted an internal and an external assessment using the Baldrige Performance Excellence Criteria. An internal Baldrige Assessment was conducted in each deputy area using the *South Carolina Organizational Self-Assessment for State Government Agencies*. The model for assessment in several deputy areas; OCRM, HR and EQC was a three day facilitated process by a 10-15 member Self-Assessment Team from each of the respective deputy areas. In Health Services, the assessment was conducted using the Community Health Accreditation Program (CHAP) Self Study. Other tools used in the assessment process included the Accountability Report, the Strategic Plan, and the operational plans for each deputy area. Results from these four assessment processes were aggregated into one over all agency report.

An external assessment using the Baldrige criteria of the agency's 2002 Accountability Report was completed by a multi-agency workgroup through a process facilitated by the Budget and Control Board. The results of the external assessment validated the internal agency assessment. The results of these two assessment processes provided the basis for an Agency Improvement Plan (February 2003) with identified opportunities for improvement and recommendations for action. Many of the recommendations included in the Agency Improvement Plan are currently being implemented: an agency brochure (report card) for staff [See III.2.3.]; a Workforce Planning Committee [See III.5.2.]; and the re-establishment of the agency's Customer Service Committee to address areas for overall agency improvement. [See III.3.7.1.1-2.]

Other opportunities for improvement identified through the assessment are being addressed by deputy area self-assessment teams and work groups. For example, in EQC there are four work groups implementing action plans in the areas of: future resource allocation; performance indicators; improved communication of mission, vision and values; and human resource development.

III.1.5 *How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operations, including associated risks?* Because many environmental and health threats know no boundaries, the agency must maintain a strong and comprehensive array of programs, services, and regulatory functions to be ready to respond to the associated risks of bioterrorism, environmental hazards, chronic and infectious diseases, high-risk behaviors, and the potential for natural disasters. DHEC local health departments are prepared to coordinate and lead local responses to a bioterrorism incident, deadly disease epidemic, or respond to natural disasters. Public hearings allow the Board and managers to consider customer needs, evaluate risks and effects of proposed regulations, and develop consensus on the best approach. [See III.3.3.]

III.1.6 *How does senior leadership set and communicate key organizational priorities for improvement?* The Strategic Plan goal to *Improve Organizational Capacity and Quality* defines the organizational investments the agency must make to successfully achieve its goals. The senior leaders developed this goal in partnership with staff, and work across deputy lines to achieve the

designated outcomes. The seven strategic goals identified as the priorities for this goal are consistent with the focus areas of the Baldrige criteria. [See III.2.1 and III.2.4, # 7.]

III.1.7 *How does senior leadership and the agency actively support and strengthen the community?* Senior leadership serves on many state and local boards, are active in their communities, churches and schools, and encourage staff to do the same. Some of these activities include: Advisory Board to the University of South Carolina's Civil and Environmental Engineering Department, Chair of the Environmental Subcommittee of the US Attorney's Law Enforcement Coordinating Committee; Parent Advisory Board – Palmetto Richland Children's Hospital; Chair of PolioPlus Committee of the Columbia Rotary Club; Executive Board of the Columbia Chapter of the Jack and Jill of America; and Chair of the Coastal States Organization.

III.2 Strategic Planning

III.2.1 *What is your strategic planning process, including participants?* DHEC's planning process, Planning and Managing for Results (PMR), an outcomes-based strategic planning process, provides consistency for all planning activities by focusing on agency goals. There are eight long-term goals, 36 strategic goals, and numerous related, measurable outcomes.

For *employees*, the Strategic Plan is deployed daily through unit operational plans. Each deputy area has developed an operational plan, which is updated yearly, to define the strategies and activities that will be implemented to achieve the goals and outcomes of the Strategic Plan.

DHEC *management* expects agency personnel to define roles and responsibilities in support of agency goals: employee roles, the agency's role, directly or indirectly; and the roles of other agencies and stakeholders. The planning process has allowed staff implementing services and initiatives to articulate their own contribution to the DHEC goals by defining their outputs and outcomes. Communities and customers are routinely engaged in dialogue about the indicators used, services implemented, appropriateness for the targeted populations, populations reached, or change in strategy.

How does the strategic planning process account for:

(a) *Customer needs and expectations.* Customer service has been a core DHEC value for many years and community partnerships are a key strategy for the agency to accomplish its mission. Both the 1995-2000 and 2000-2005 Strategic Plans were based, in part, on customer input. Districts and programs are expected to share their operational plans with their external community both agency customers and partners. Staff continually seeks information from and educates DHEC customers about agency activities to improve coordination and develop joint action plans. DHEC often relies on community input to determine program content, how efforts should be implemented in the community and to evaluate the quality of agency programs. [See III.3.]

(b) *Financial, societal, and other risks.* As the public health agency, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Risks are assessed and mitigated through the agency's efforts to achieve its goals and related outcomes. Staff help identify the key outputs and activities that must be tracked to assess agency effectiveness in accomplishing the DHEC mission. The agency is continuing to evaluate ways to include resource estimates in the operational plans of organizational units. Some districts and programs have estimated resources in FTE equivalents and dollar amounts devoted to a given activity or strategy. Developing resource estimates is expected to inform and educate management about the different

programs, as well as to increase understanding of the roles and functions of the various staff under their supervision.

(c) *Human resource capabilities and needs?* d) *Operational capabilities and needs?* The Strategic Plan Council monitors the progress in achieving the seven strategic goals that impact the agency's broad long-term goal to *Improve Organizational Capacity and Quality*. The specific strategic goals are found in III.2.4, #7.

III.2.2 *How do you develop and track action plans that address your key strategic objectives?* The Strategic Plan is helping guide the development of the agency's budget reduction planning and program evaluation. DHEC is continuing to examine linkages between resources and goal attainment. Progress towards outcomes and goals is evaluated using a structured Measurement Plan that provides evidence for key policy and management decision points. The agency Strategic Plan Council provides agency oversight on all aspects of the implementation of the plan and monitors measurement and operational planning throughout the agency. The EMT receives periodic reports on progress measures of key outcomes.

The agency Intranet is used as an aid in the operational planning process. In Health Services, for example, health districts and programs have entered their operational plans in the Intranet and can, depending on security level, update activities or reports and see what other areas of the agency are doing to address the same problem. To ensure that planning is data driven, all Health Services units review outcome data provided on the Intranet to measure and describe progress on the long and short-term outcomes (performance measures) in the plan. Specific data related questions were added to the planning template this past year to ensure that the data was being reviewed, utilized and reported in a similar manner across organizational lines. Additionally, the Maternal and Child Health, Preventive Block Grants, and the Cardiovascular Health and Immunization Grants planning processes have been fully integrated into the Health Services Operational Plan resulting in better coordination, less duplication for reporting and planning, and an increased focus on best practices and evidence-based efforts.

III.2.3 *How do you communicate and deploy your strategic objectives, action plans and performance measures?* The Strategic Plan is deployed internally via the deputy area plans and organizational unit operational plans. The agency is currently completing a mid-cycle summary brochure (report card) for employees to highlight some of the successes and challenges in achieving the goals and objectives in the Strategic Plan 2000-2005.

For external customers, the Strategic Plan is available on the DHEC Web site and progress towards achieving strategic plan goals is highlighted each year in the publication "*Healthy People Living in Healthy Communities*," and the Annual Accountability Report which are also available on the Web.

III.2.4 *What are your key strategic objectives?* Key strategic objectives in the Strategic Plan are:

1. Increase Local Capacity to Promote and Protect Healthy Communities.

- Actively support communities in developing healthy communities.
- Work with local governments to address local health and environmental issues.
- Expand the public's knowledge of and involvement in environmental and health issues.
- Protect the safety of the public's health.

2. Improve Health for All and Eliminate Health Disparities.

- Promote healthy behaviors among all adults.
- Eliminate disparities in the incidence and impact of communicable diseases.
- Eliminate disparities in illness, disability, and premature deaths from chronic diseases.

3. Assure Children and Adolescents are Healthy.

- Promote healthy behaviors.
- Prevent disease, disability and death from vaccine-preventable diseases.
- Improve access to comprehensive, high-quality health care services.
- Prevent disabilities and deaths due to unintentional injuries, violence, and environmental hazards.
- Increase the percentage of healthy infants.
- Promote early childhood health, development, and well being.

4. Increase the Quality and Years of Healthy Life for Seniors.

- Increase the percentage of seniors able to remain living in their homes and maintain an optimal level of function.
- Prevent disease, disability and death from vaccine-preventable diseases.
- Improve quality of life for seniors living in long-term care facilities.

5. Protect, Continually Improve and Restore the Environment.

- Ensure South Carolinians live in areas where all air quality standards are met.
- Ensure waters meet water quality standards.
- Reduce level of pollutants and public exposure to contaminants.
- Restore impaired natural resources and sustain them for future use.
- Continue to improve the environment.
- Reduce pollutant releases to surface and groundwaters.
- Reduce the amount of waste generated.

6. Protect and Enhance Coastal Resources and Ensure Proper Management and Access for the Benefit of Current and Future Generations.

- Attain healthy beaches, which are enhanced, protected and publicly accessible.
- Protect and enhance cultural resources, such as historical and prehistoric sites, of the coastal zone.

7. Improve Organizational Capacity and Quality.

- Ensure the continuous development of a competent and diverse staff in sufficient numbers to successfully achieve the agency's goals.
- Provide reliable, valid and timely information for internal and external decision making.
- Establish and maintain relationships that help achieve the goals and vision of the agency.
- Promote effective horizontal and vertical internal communication.
- Maximize the flexibility that agency programs have in managing their fiscal resources to support agency goals.
- Ensure that all agency activity and leadership is consistent with the goals and values of the agency, and staff understands their role in achieving the goals of the agency.
- Implement the Baldrige Performance Excellence Initiative through systematic training and an organizational development process.

8. Assist Communities in Planning for and Responsibly Managing Growth.

- Work with local governments and communities to improve land use plans to balance growth and natural resource protection.
- Establish a quality planning mechanism to address future regulatory changes or requirements and to empower local governments to address local issues.
- Promote more flexibility in resources.
- Protect wetlands and other sensitive areas against impact from urbanization.

III.2.5 View the entire DHEC 2000-2005 Strategic Plan at www.scdhec.gov.

III.3 Customer Focus

III.3.1 How do you determine who your customers are and what are their key requirements?

DHEC's customers – all South Carolina citizens – are determined by virtue of South Carolina Code of Laws, as amended, Section 48-1-20. Additional or new services to specific targeted groups of customers are based on state morbidity, mortality, and environmental data; national disease prevention agendas (both public health and environmental); and requests from individual citizens and community groups. Key requirements of these customers are determined through on-site fact-finding, consensus building, and problem solving activities with customers.

III.3.2 How do you keep your listening and learning methods current with changing customer/business needs? Customer needs are gathered through both formal and informal listening and learning techniques and include: participation on interagency boards and committees; front-line staff and those working in the community sharing information learned in one-on-one contact with customers; suggestion boxes; satisfaction surveys; concern/compliment forms; and comment/feedback cards; toll-free hot lines; public forums and focus groups; participation on councils and boards; interactive Web pages; participation in teleconferences; membership in professional organizations; and monitoring legislative activity.

Over 14 toll-free lines are available from various program areas of the agency including information on: recycling and small business assistance; underground storage tank compliance and clean up issues; help lines for Cancer, HIV/AIDS, children and families; and complaint lines for Home Health, Nursing Homes and Hospice.

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population. Effective translation services are available in all local offices, materials are produced in Spanish, a Hispanic needs assessment has been completed, and the state's migrant health program delivers approximately 1700 culturally competent health services annually through contacts with local providers.

III.3.3 How do you use information from customers/stakeholders to improve services or programs? DHEC makes extensive efforts to respond to customer satisfaction issues. Data from the statewide Customer Satisfaction Survey [See III.7.1.1-2.] is reported to the Board, EMT and agency employees. Input from the various customer feedback mechanisms described in III.3.2 is reported to the appropriate management teams for evaluation, follow-up, and action. Through this continuous quality improvement process, policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders. Examples of these efforts include:

- Comments from businesses and industries that apply to the agency for environmental permits are compiled and a report is submitted quarterly to each of the EQC Bureaus. Process improvements to reflect the card comments are discussed at the Permit Directors workgroup meetings. EQC is in the process of compiling an annual report to reflect the changes in process that are a result of customer suggestions.
- EQC district offices respond to all complaints within 48 hours of notification, although this has been particularly difficult to achieve with recent budget cuts. Complaints and disposition of complaints are recorded on the Environmental Facilities Information System (EFIS). [See III.6.1.]
- DHEC staffs conduct public forums to allow the public to comment on draft regulations. Numerous forums are advertised and held during the year to allow comment and an opportunity for questions from industry, businesses and citizens. All comments (written and oral) become a part of the official documentation for each regulation. Public comments must be considered by staff and the DHEC Board when preparing the final regulation and in determining its need and reasonableness.
- Changing clinic layouts, signage, hours of operation, location of services, open access appointments are often based on customer feedback and of course, funding availability.

III.3.4 How do you measure customer/stakeholder satisfaction? DHEC has systematically measured customer satisfaction at a statewide level for the past five years. The agency now has statewide trend data for a 5-year period (1998-2002) on the following indicators: familiarity with DHEC; use of services; overall satisfaction with the quality of service; satisfaction with specific aspects of service, such as waiting time, courtesy and attitude; staff competence/ability to answer questions; and accessibility. In 2002, more than 90% of respondents who had contact with DHEC in the past five years were satisfied with the quality of service they received, the courtesy and attitude of staff, and the ability of staff to answer questions and provide needed information. More than 80% were satisfied with the time they had to wait for service. DHEC has a positive public image and, overall, South Carolinians are satisfied with the services. [See III.7.1.1-2.] Customer service is assessed at every level of the agency and in all customer groups. Over 50 different types of tools and methods are used to reach different customer groups.

III.3.5 How do you build positive relationships with customers and stakeholders? A key agency value is customer service - meeting our customers' needs and providing quality service. The agency's many and varied outreach activities build positive relationships with our customers and stakeholders. DHEC partners with many community, business, and local and state government groups and organizations around the state, including:

- Department of Education and the Department of Health & Human Services to provide more health services for children;
- SCETV to address prevention and management of diabetes and to provide training for physicians and parents;
- Southern Governor's Air Advisory Group;
- Many of the South Carolina Councils of Governments; and
- SC *Envirothon* for high school competition.

The agency also provides technical assistance to communities and local governments. For example, the agency's coastal program is working with Beaufort County in natural resource planning and management.

DHEC has several liaison offices that each focus on the needs of a particular group of customers: federal facilities, compliance assistance, federal government, local government, permitting, environmental community health, and the Small Business Assistance Program. These offices provide special assistance and communication to some of the agency's customer groups.

In addition, agency staffs make numerous presentations, and develop educational materials, fact sheets, and educational bulletins for special interest and community groups, professional and academic organizations, local and state governments, schools, and business and industry.

III.4 Information and Analysis

III.4.1 How do you decide which operations, processes and systems to measure? Measures of key performance are aligned to the outcomes in the Strategic Plan and the deputy level operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 2010 and the EPA Core Performance Indicators. These outcome measures have been refined to include data source, baseline, frequency of measure, and staff

responsibility. EMT selected 28 of these key performance measures to review periodically and to report annually to the Board. [See III.1.3 & III.7.]

Measures of outcomes, operations, processes, and systems support the agency's mission and the strategic and operational plans. Measurement decisions are prioritized to collect and analyze data necessary for decision making; to track and evaluate progress toward reaching outcomes and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include access and distribution of public health information and emergency health alerts, detection of emerging public health and environmental problems; monitoring the health of communities; supporting organizational capacity and quality; and measurement of the strategic plan. The Baldrige assessment formed the basis for operational improvements. [See III.1.4.]

III.4.2 *How do you ensure data quality, reliability, completeness and availability for decision-making?* The agency has developed an Enterprise Data Model to house all data in a single data base design that will automatically propagate any changes throughout all systems in the model. There is a schedule to combine existing systems into this model. As a result, high quality data is consistently maintained. Two examples of systems used to collect and automate information in the DHEC infrastructure are: the Automated Statistical Surveillance System (SSS), used to monitor public health data from around the state; and the Health Alert Network (HAN), one component of the nationwide Center for Disease Prevention & Control (CDC) initiative to build public health capacity to respond to biological and chemical terrorism, emerging infections, and other public health threats. New federal funding is enhancing the agency's response capacity. The agency also uses both the Internet and Intranet to provide access to reliable data and information.

The agency links to national data systems to ensure data quality and availability for decision-making. The National Electronic Disease Surveillance System (NEDSS) is being implemented to better manage and enhance the large number of current surveillance systems and allow the public health community to respond more quickly to public health threats, including bioterrorism events. This system is allowing the agency to transition from a paper to an electronic system that will improve efficiency and effectiveness. When completed, NEDSS will electronically integrate and link a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information from health providers to the states and, ultimately, to and from the CDC.

Agency information systems are used to collect and analyze data used for programmatic and operational decision-making [See III.4.3.] For example, routine studies of state water bodies provide data used to regulate waste discharges. South Carolina data indicates an exceptionally high rate of infant mortality for African Americans. [See III.7.5.23-24.] DHEC has developed partnerships with the AME Church and the March of Dimes and has expanded the SCBIBS, an education campaign to reduce infant deaths in the state. Agency programmatic and funding priorities are data driven. [See the DHEC Appropriations Request 2003-4.]

III.4.3 *How do you use data/information analysis to provide effective support for decision-making?* The agency uses numerous systems and processes to select and compare data and information based on programmatic and scientific need. Suppliers, including federal, state, and local governments, the regulated community, the health community, and citizens identify performance levels each expect from the agency. Many of these measures are the outcomes included in the strategic plan and in III.7. The complexity of the agency requires the use of numerous automated systems to collect and analyze data necessary for decision-making. A selected list of systems follows:

DATA SOURCES USED FOR DECISION MAKING	
DATA SYSTEM	APPLICATION
Enterprise Data Model	Integrate all administrative and public health data systems
Statistical Surveillance System	Monitor public health data statewide
Health Alert Network	CDC link to respond to biological terrorist threats
National Electronic Disease Surveillance System	Manage surveillance systems for rapid response to threats
Central Cancer Registry	Statewide cancer surveillance; investigate cancer clusters
Environmental Facility Information System	Integrates and manages information on regulated facilities, environmental permits, violation and enforcement actions to support regulatory requirements
Patient Automated Tracking System	Clinical operations & Medicaid billing
Geographic Information Systems	Study impact of vital events, disease, etc. to develop effective approaches to improve health & environmental outcomes
Health Regulations Data Bases	Analyze incident and accident reports for response
EMS Trauma	Certification of EMS providers
Internet Shelter System	Manage and staff Red Cross shelters during disasters
Personnel Action Information System	Process personnel actions
Health Hazard Evaluation	Determines the public health impact to toxic environmental exposures and makes recommendations for public health action.
Data Extract for ORS	Study data required by ORS
National Violent Death Reporting System	Death information from multiple state sources to assist policymakers & communities in violence prevention
SCAN-GIS	Interactive retrieval system for public health information

III.4.4 How do you select and use comparative data and information? The Healthy People (HP) 2010 Objectives set 10-year targets for health improvement based on the latest health-related research and scientific evidence. The Environmental Protection Agency (EPA) Core Performance Measures set benchmarks for environmental protection efforts. National Oceanic and Atmospheric Administration (NOAA) establishes national coastal management priorities through a series of five-year strategic plans prepared by each state coastal management program. The Centers for Medicare and Medicaid Services (CMS) provide standards for delivery of nursing facility services. In addition, the agency uses comparisons with other state agencies.

III.5 Human Resource Focus

III.5.1 How do you and your managers/supervisors encourage and motivate employees (formally and/or informally) to develop and utilize their full potential? The Michael D. Jarrett Awards are given each year to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency is also participating in the Blue Granite Recognition Award presented by the South Carolina State Credit Union and has an Employee Innovation Program to monetarily reward employees who develop cost-saving initiatives. “Monthly Award for Excellence” is an agency wide effort where staff is nominated by other employees and is recognized by EMT and the Board.

Bureaus, departments and program areas in both central office and the districts recognize employees for excellent customer service to internal and external customers and for awards, achievements, and

voluntary community activities. Some examples of the numerous awards that the agency and employees have received in the past year include:

- SC Public Health Association Outstanding Service Award
- Board of Directors Award for Meritorious Service in the field of Radiation
- Community Impact Phoenix Award for Brownfields redevelopment at the SC Aquarium site
- Certificate of Merit from the International Association of Food Protection
- Public Health Social Worker of the Year Award
- Palmetto Gold Award for nursing excellence
- Nomination for the Lifetime Hero Award for Lifetime Television
- Latina Leadership of the Year Award from National Foundation of Women Legislators
- PICA (Printing Industry of the Carolinas) Award
- SC Cancer Registry Silver Certification Award (4th year)
- Traumatic Brain Injury project - National Award for Excellence
- Communicator Award of Distinction for the Diabetes Awareness Campaign.

The Mentoring Program continues to be successful and has been expanded. The agency offers telecommuting, alternative work schedules, and flextime as non-monetary incentives for staff.

III.5.2 How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training? The leadership of DHEC believes in the importance of asking employees what they need in order to do their jobs and to accomplish the DHEC mission. Training needs assessments are completed annually by respective units, programs and disciplines to plan for staff development. Individual employee development plans are the responsibility of the supervisor. Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. The agency has 170 staff who have graduated from the Management Academy at the University of North Carolina and 23 who have graduated from the Southeastern Public Health Leadership Institute. The agency supports annual participation in the South Carolina Executive Institute. An agency Tuition Assistance Policy helps employees with related educational costs. All new employees participate in Customer Service and Cultural Competence training. An on-site Toastmaster's Club has been established to help employees with communication skills.

The Office of Quality Management and the Office of Personnel Services have developed certificate programs for supervision and management to meet specific needs of DHEC staff.

The agency is a practice partner with the University of South Carolina (USC) Arnold School of Public Health in the Southeast Public Health Training Center housed at the University of North Carolina. This partnership has developed an Internet listing of all courses across the state that addresses public health competencies and is developing a Public Health Workforce Plan for the state.

All training is competency-based and the particular competencies of community advocacy and data management are being addressed through a six county collaborative with South Carolina Turning Point and USC. Courses being developed through this initiative will be available to all DHEC staff.

A comprehensive assessment of public health competencies for all the Central Office and District Health Services staff was completed in spring 2003. The results of this workforce assessment are being used to guide training in the public health preparedness competency areas through a

collaborative with the USC Arnold School of Public Health and the Center for Public Health Preparedness. DHEC is one of the first agencies to conduct this assessment.

The agency has implemented an agency-wide automated training management system (TraMS) to give units and employees more control over training functions. TraMS replaces several mainframe systems and places responsibility and accountability for registration, scheduling, reports, certificates, tracking and training support functions at the unit/local level.

The agency provides training and in-service education for staff and supports and encourages staff through Tuition Assistance and altered work time to take advantage of other formal and informal educational opportunities. The agency is integrating technology, content and distance learning methodologies to make learning more easily accessible and more cost effective for staff. Video conferencing, courses on video and CD-ROM, and web-based training are currently available.

EQC has initiated a Capacity Building Program to direct professional development and prepare employees for future management positions within that deputy area. The pilot group had 24 staff (protégés) and 14 managers (coaches).

A Workforce Planning Committee with representatives from all deputy areas has been established for the agency to plan for future workforce needs. This group is currently evaluating the pilot EQC Capacity Building Program as a model to implement agency-wide.

DHEC is developing an expanded New Employee Orientation program that includes distance learning, compact disk and Intranet applications. The Office of Personnel Services and the Office of Quality Management are working together to develop career paths and competencies for employees as a recruitment and retention incentive.

III.5.3 *How does your employee performance management system, including feedback to and from employees, support high performance?* DHEC has emphasized the use of the EPMS as a planning and performance evaluation tool. The number of overdue EPMSs has been greatly reduced as a result of this effort. The agency is instituting a new EPMS that has an added emphasis on training and development, employee feedback on development opportunities, and uses agency values in determining performance levels.

For employee retention purposes, the agency is developing a competency-based career path system to include orientation to public health science, core functions and essential services. Incentives and compensation are designed to support succession planning, retention and recruitment of qualified and diverse staff, as well as an integrated training system based on competencies and performance measurement. Funds for implementation are unavailable at this time.

III.5.4 *What formal and/or informal assessment methods and measures do you use to determine employee well being, satisfaction, and motivation?* The agency conducted the 2003 Employee Survey in May to assess employee attitudes and opinions on a broad range of topics. Results of the 2003 survey closely mirrored the 2000 survey. Respondents were most positive about job satisfaction, quality of services delivered, and importance as a contributor to the team. The largest difference in the positive direction from 2000 to 2003 was on question #16 - *I am satisfied with the quality of my workspace*. As in 2000, respondents were least positive about salary, benefits and recognition. There were statistically significant differences in responses on salary and benefits from the 2000 to the 2003 survey [See III.7.3.2-3.] The results of the 2003 employee survey are consistent with results from agency surveys conducted in 1989 and 1994. Over these past 14 years,

DHEC employees have continued to feel positively about their jobs and the contribution they make, but have been dissatisfied with what they get in return salary, benefits and recognition. The agency is participating with the Office of Human Resources to consider a new Reward/Recognition program in response to these results.

Across the agency, a variety of formal and informal methods are used in individual units to determine employee well-being, satisfaction and motivation. Examples of these include: focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants, and ongoing assessments through the EPMS system. The electronic exit interview allows for easier completion and additional analysis of data from departing employees. The PAIS system provides deputy areas with more specific turnover information and allows for better turnover analysis. DHEC has consistently had lower employee turnover than other state agencies. [See III.7.3.1.]

III.5.5 *How do you maintain a safe and healthy work environment?* DHEC's commitment to the safety of its employees is reflected in the decreases in Workers Compensation claims and in the average amount paid per claim over the last five years.

DHEC's Safety Committee, representing all parts of the agency, meets monthly to help guarantee a safe and healthy environment for both staff and visitors. There are also safety committees in the deputy areas, in district offices, and in the laboratory support area.

The Risk Management Committee, composed of chairs of several other committees, e.g. safety, vehicle safety, infection control, and workers compensation, maintains an agency Intranet site to provide consolidation of relevant policies and information for employee safety and well being e.g., fire plan, bomb threat plan, and safety plan. There are links to other topical information regarding safety.

The agency promotes workplace and individual health by providing education, safety and health tips, preventive health screenings such as mammography and prostate exams, and "Lunch and Learn" sessions that promote healthy lifestyles. Other new activities include providing on-site yoga and Weight Watchers' classes as well as offering reduced rates for employees at the Providence Heart Center fitness center. The Employee Health Committee gives direction to these activities.

III.5.6 *What is the extent of your involvement in the community?* Because of DHEC's mission, community involvement and volunteerism is supported and encouraged. Employees are involved in many community health and environmental campaigns, local health fairs, the State Fair, and school activities around the state. Some of these activities include; March of Dimes, United Negro College Fund, Boy and Girl Scouts, Special Olympics, Families Helping Families, City Year, Urban League and walks for various health related issues (breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff volunteers after hours as firemen, constables and EMS personnel and with area schools with Lunch Buddies, science fairs and school supply drives. This past year DHEC employees raised over \$ 88,000 for United Way and contributions to Community Health Charities of South Carolina increased by 11%. [See III.1.7.]

III.6 Process Management

III.6.1 *What are your key design and delivery processes for products/services, and how do you incorporate new technology, changing customer and mission-related requirements into these design and delivery processes and systems?*

Key Design and Delivery Processes

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Provide protection from biological and chemical hazards by responding to events that threaten homeland security.
4. Inform, educate, and empower people about health and environmental issues.
5. Mobilize community partnerships and action to solve health and environmental protection problems.
6. Develop policies and plans that support individual and community health and environmental protection efforts.
7. Enforce laws and regulations that protect health and the environment and assure safety.
8. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
9. Assure a competent work force – public health, environmental protection and personal care.
10. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
11. Research for new insights and innovative solutions to health problems.
12. Assist communities in planning for and responsibly managing growth.
13. Manage coastal resources to maintain a healthy coastal environment.
14. Inspect, permit and license health facilities and services.
15. Inspect, permit and license the business and industrial regulated community.
16. Evaluate and respond to environmental health hazards.
17. Provide laboratory services to the regulated community and the private sector.
18. Assist small businesses with regulations and requirements.
19. Improve organizational capacity and quality.

Examples of Related New Technology, Changing Customer and Mission-Related Requirements Incorporated into the Agency's Design and Delivery Processes:

1,2,4,5,6: Rapid notice to, and requests for, information from many public and private partners is essential to emergency respond to natural disasters, biological, chemical or radiological events. Each DHEC health district has installed a high capacity computer to be used in the event of emergencies and new high-speed transmission lines and switches are being installed. Software and computers for a "calldown" system (a much more capable "broadcast fax" system) is in place, and its databases of names and numbers for rapid notification are being installed as quickly as possible. This system will be used to improve response time and coordination during emergencies and support Homeland Security efforts.

2,4,7,12,15,19: During FY 2003, Phase II of the Environmental Facility Information System (EFIS) was initiated. EFIS Phase II provides additional capabilities for transferring data to and from the EPA via the Network Node, as well as development resources for streamlining the permitting and compliance processes for Air, Land and Waste Management, Water, Ocean and Coastal Resource Management, Radiological Health and Environmental Services. Interfaces for access to public information via the Internet and integration with South Carolina Business One-Stop (SCBOS) are also planned in EFIS Phase II.

1,2,3,4,5: The Central Cancer Registry established a partnership with the National Institute for Occupational Safety and Health to investigate suspected cancer clusters in the workplace. Since May 1, 2000, 90 reports of cancer cluster concerns have been received. Currently, none of these reports are active and under investigation. Eight reports are classified as "follow-up," meaning they will require follow-up analyses when subsequent years of data are available.

4,5,6,7,12: DHEC continues to conduct probability-based monitoring at estuarine stations in cooperation with the South Carolina Department of Natural Resources, Marine Resources Research Institute. This supports business results to achieve 80% fishable and swimmable waters by 2007. [See III.7.5.3.]

1,2,3,6,14,19: The effectiveness of the EMS and trauma systems are evaluated through statewide ambulance run report and trauma registry databases. [See III.7.4.2.] Customer satisfaction results are reviewed and changes made as needed. [See III.7.1.1-2.]

2,3,4,10,11,12,19: The agency has completed development of Phases I, II, III of SCAN-GIS. Ten years of birth and death data are available and provide GIS maps at the county level. Approved users can access data and maps down to the zip code level. This system is an effective tool to assist local communities with emergency response and has been demonstrated to the state Homeland Security Task Force. Plans include additional uses to support response to emergencies.

III.6.2 *How does your day-to-day operation of key production/delivery processes ensure meeting key performance requirements?* Performance is continuously monitored based on the strategic plan and program level outputs. Information systems provide routine reports on program and project status. Customer response is used to improve production and delivery.

III.6.3 *What are your key support processes, and how do you improve and update these processes to achieve better performance?* The Bureau of Business Management (BBM) provides oversight and assists in the management of key product, service design and delivery processes. BBM provides efficient and cost-effective support services including: procurement; facility planning and management; architectural/engineering construction services; inventory control and asset accounting; risk management; property management; central supply and distribution services; mail and courier operations; motor vehicle management and maintenance; facility maintenance and security; and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services while refining agency processes to be more effective and cost efficient. For example, the Print Services Department has realized approximately \$200,000 in cost avoidance by realigning staff and equipment, and staff has instituted a review process for educational resources printing requests before they are processed to reduce the cost in overprinting. Other examples may be seen in III.7.2.2-3.

The Office of Internal Audits (OIA) issued 7 audit reports with a total of 155 audit recommendations with 111 of these recommendations having been implemented for a 72 percent implementation rate. The internal audits identified areas where the agency could improve operations and strengthen internal controls. In addition, OIA identified a \$1.3 million cost savings during one audit related to sales tax being paid on pharmaceuticals that was not required by law. All internal audit recommendations from 1995 through 2000 have been implemented and only one audit from 2001 still has open audit recommendations. This shows a serious commitment by DHEC managers to make positive changes in the agency.

III.6.4 *How do you manage and support your key supplier/contractor/partner interactions and processes to improve performance?* DHEC has numerous internal processes and safeguards to examine its key relationships to continually improve performance. Procurement staff manage business relationships by: ensuring that program contract monitors are assigned to major projects; serving as a resource for funneling purchasing and contract information to end users; acting as mediator between program areas and suppliers/contractors/partners to ensure fair and equitable treatment; and using proactive language in solicitations and program administration to encourage supplier/contractor/partner success and ownership in the overall outcome of the scope of work.

Procurement Services continues its practices with mutually beneficial partnerships, through contracts meetings, which meet the needs of both the agency and the contracting party. Business

relationships are managed by taking proactive measures in conducting pre-performance conferences for complex service contracts and through quarterly business coordination meetings.

Evidence of success in managing and supporting key supplier/contractor/partner interactions and processes in improving agency performance include: diverse community partnerships through the Minority Business Enterprise program and quarterly DPO updates, where suppliers/contractors/partners present or provide service information, e-commerce updates, and utilization information for distribution. Procurement Services continues to examine, identify and address the needs of suppliers/contractors/partners with successes identified by increased participation in the agency purchasing card, and increased use of the Procurement WebPages. The use of the Web allows vendors to self-serve access to solicitations and award information, reducing administrative costs, distribution and postage fees, and other associated costs.

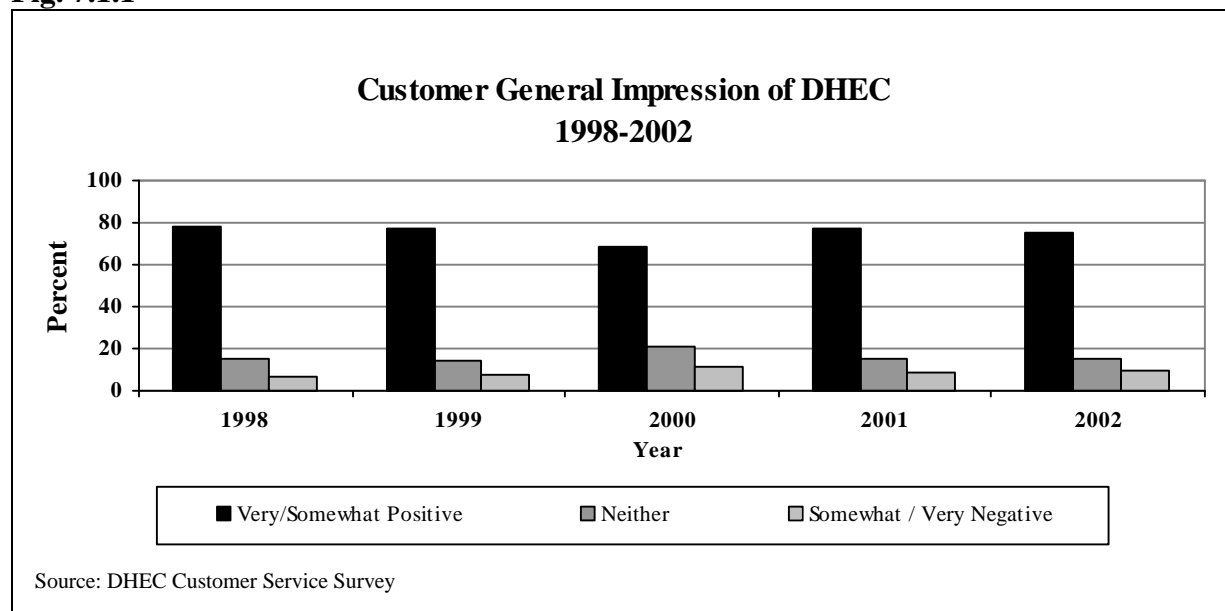
III.7 Business Results

As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the “state of the state’s health and environment” is part of the agency’s legislative mandate. Following the Baldrige Assessment, the agency is now monitoring and reporting more performance measures. Many results are benchmarked to national standards. The Healthy People (HP) 2010 Objectives set 10-year targets for health improvement based on the latest health-related research and scientific evidence. The Environmental Protection Agency (EPA) Core Performance Measures set benchmarks for environmental protection efforts. National Oceanic and Atmospheric Administration (NOAA) establishes national coastal management priorities through a series of five-year strategic plans prepared by each state coastal management program. The Centers for Medicare and Medicaid Services (CMS) provide standards for delivery of nursing facility services. In addition, the agency uses comparisons with other state agencies.

[See following pages.]

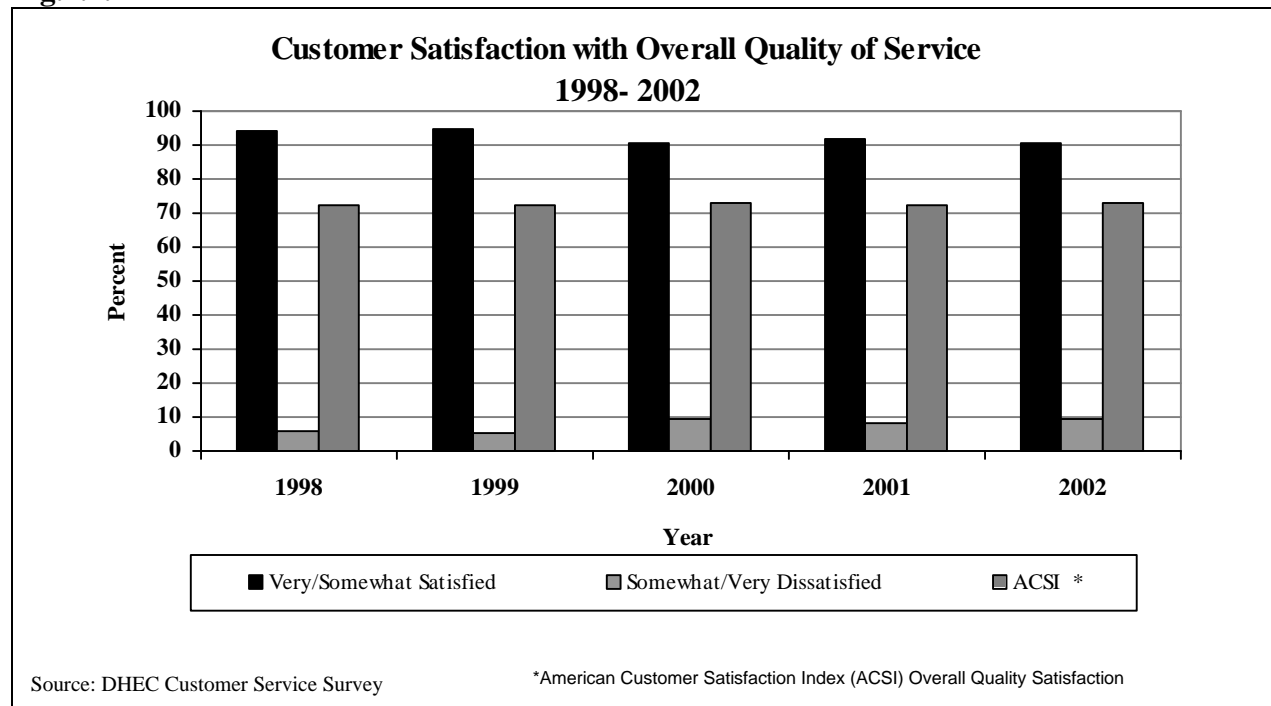
III. 7.1 Customer Focus Results

Fig. 7.1.1



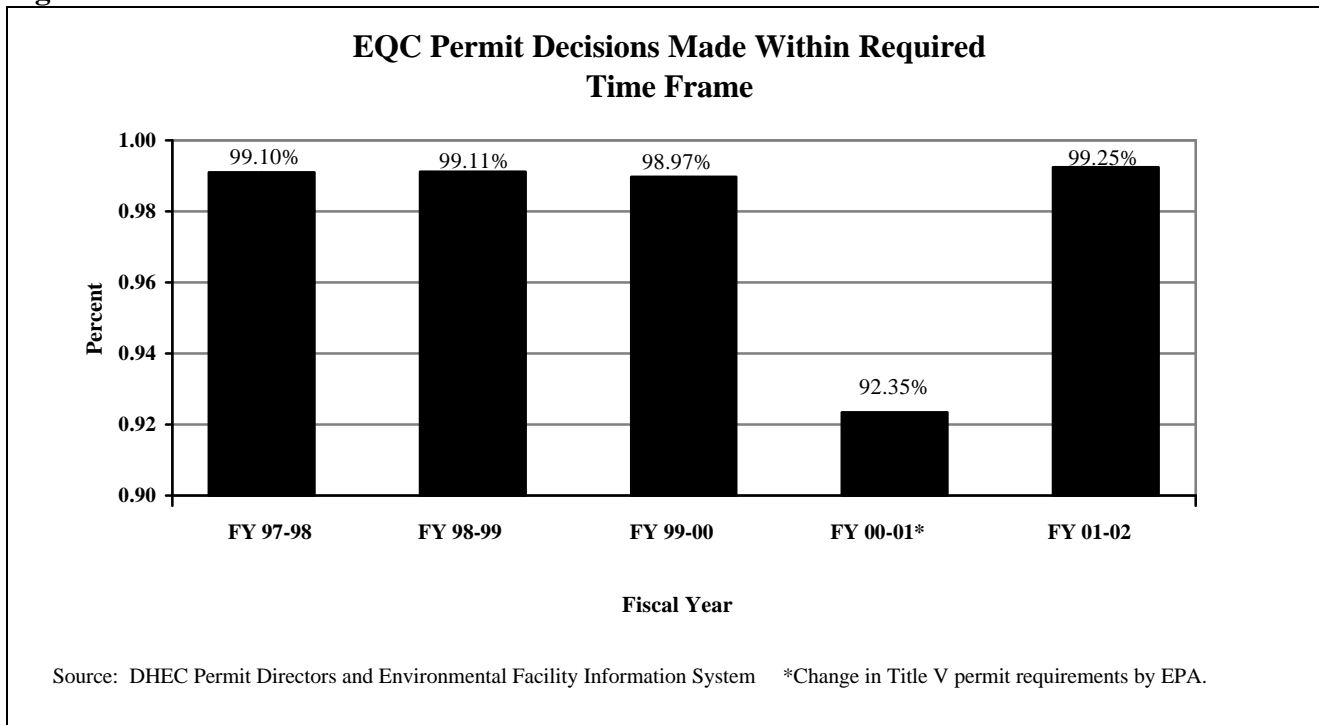
South Carolinians continue to have a positive view of the agency. Public impression has been relatively stable over time. In four of five surveys (except 2000), more than three-fourths of those who had heard of DHEC have a positive view of the agency.

Fig.7.1.2



DHEC continues to use a market-based survey conducted by the University of South Carolina to determine customer satisfaction. For the fifth straight year, the agency is above 90% in *Satisfaction with Overall Quality of Service*, which exceeds national ACSI survey of 70% for the same time period.

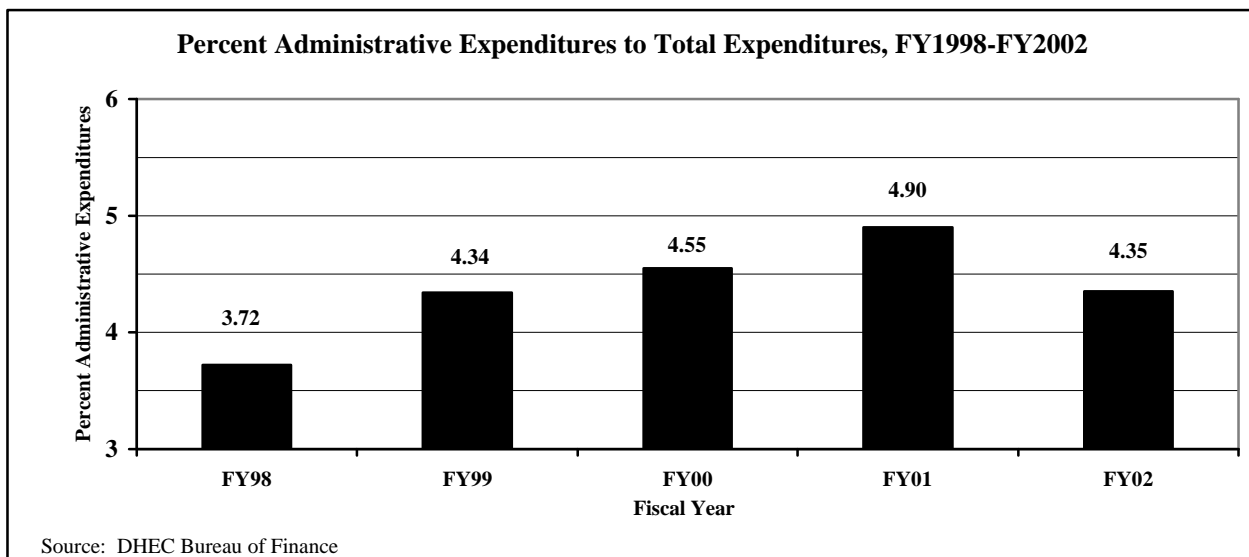
Fig. 7.1.3



The time frames for each permit type were a condition of the business community for their support of user-fee legislation. DHEC strives to make the permitting process as efficient as possible for our customers while still writing permit conditions that are protective of health and environment.

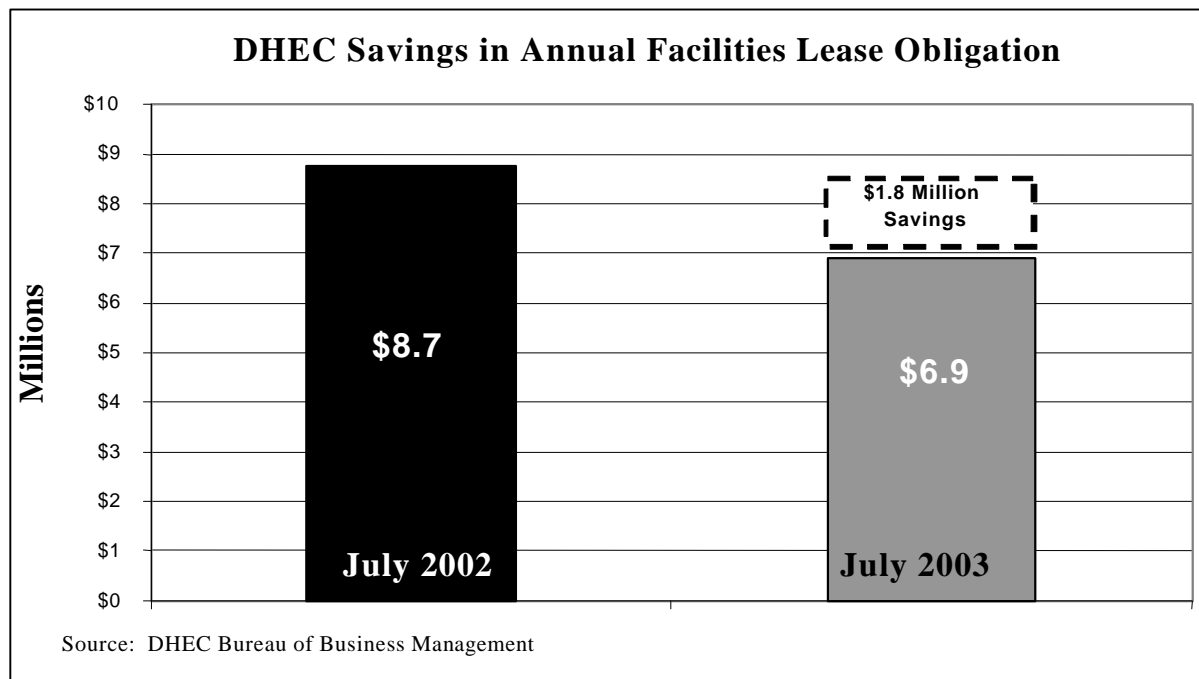
III. 7.2 Financial and Market Results

Fig. 7.2.1



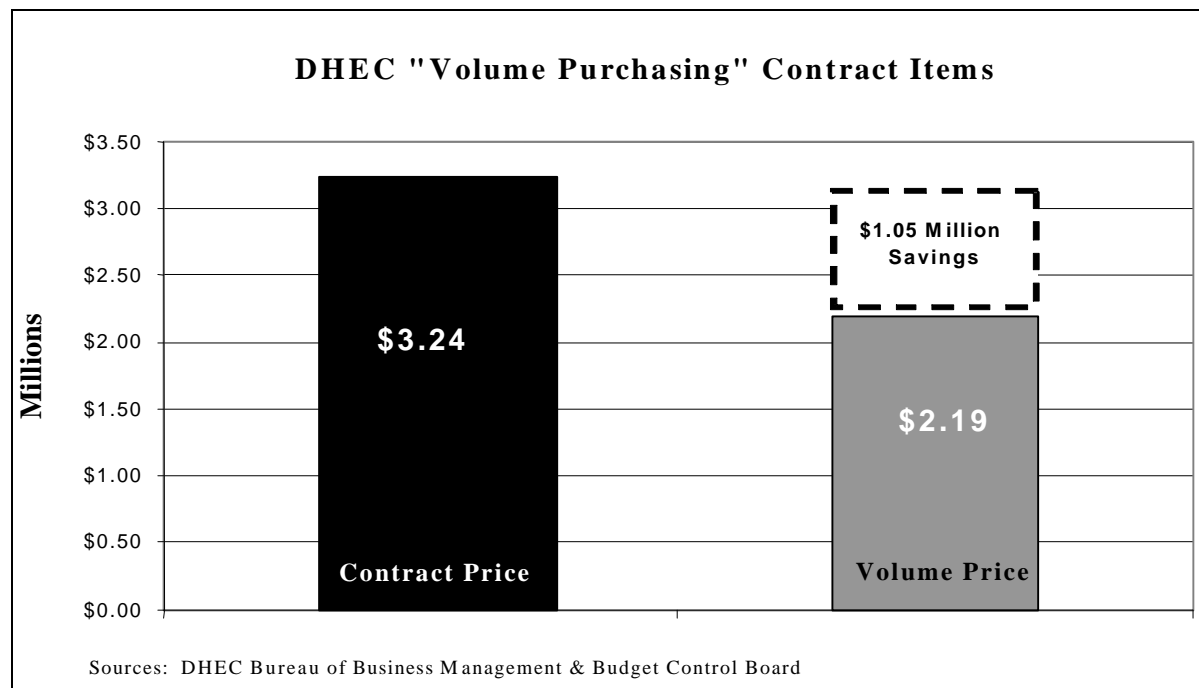
As budget cuts continue to occur, the agency has focused on reducing central administration before impacting services. The increase in 2001 was due to data center consolidation which included the required relocation of our computer processing to the State Data Center and the purchase of new hardware for two production systems – the Environmental Facilities Information System (EFIS) and the Administrative Information Management System (AIMS).

Fig. 7.2.2



A total savings of \$1.8 million was realized by contract renegotiations of existing leases, as well as program review that led to consolidation and reduction in the amount of physical space required.

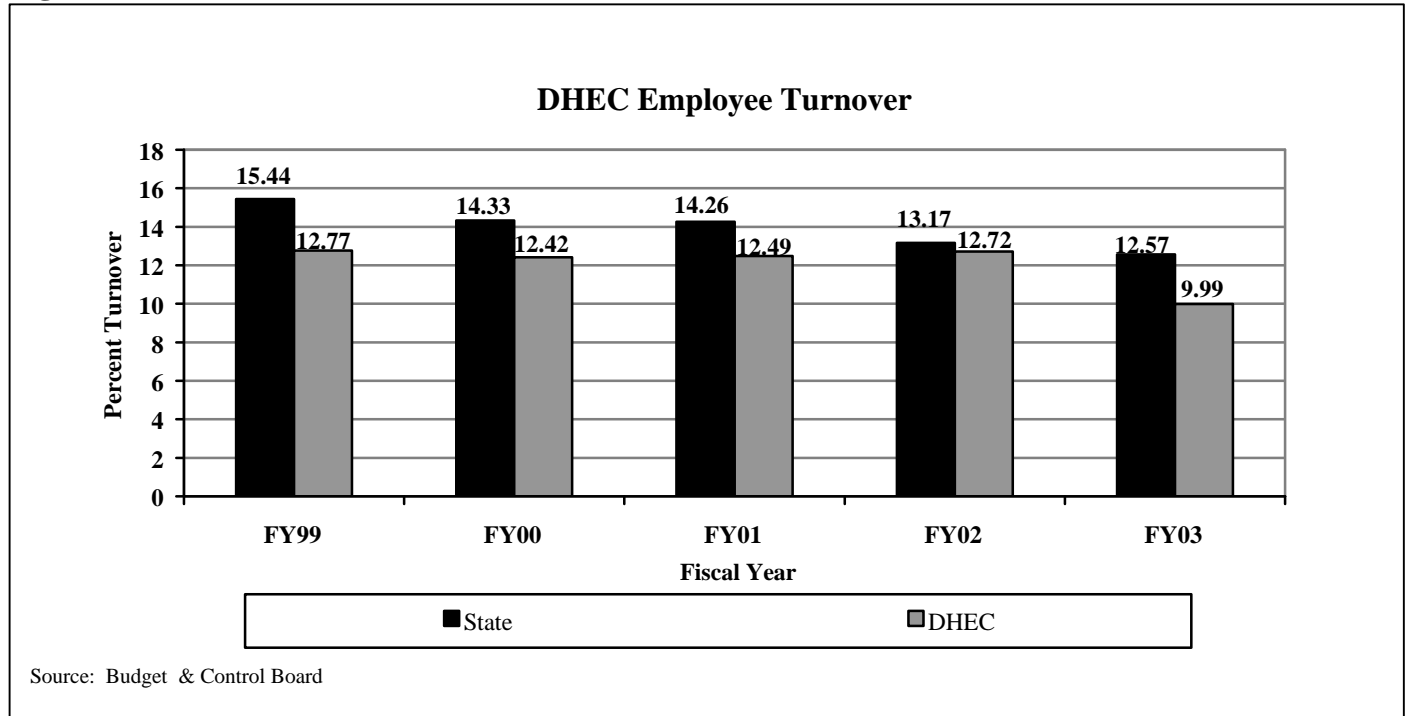
Fig. 7.2.3



A total savings of \$1.05 million was realized by grouping purchases of state contract items into volume purchases.

III. 7.3 Human Resource Results

Fig. 7.3.1



Despite continued budget cuts, DHEC overall has consistently had lower employee turnover than other state agencies. However, filling critical health and environmental positions remains a challenge for the agency. [See *Staff Issues*, page 2.]

Fig. 7.3.2

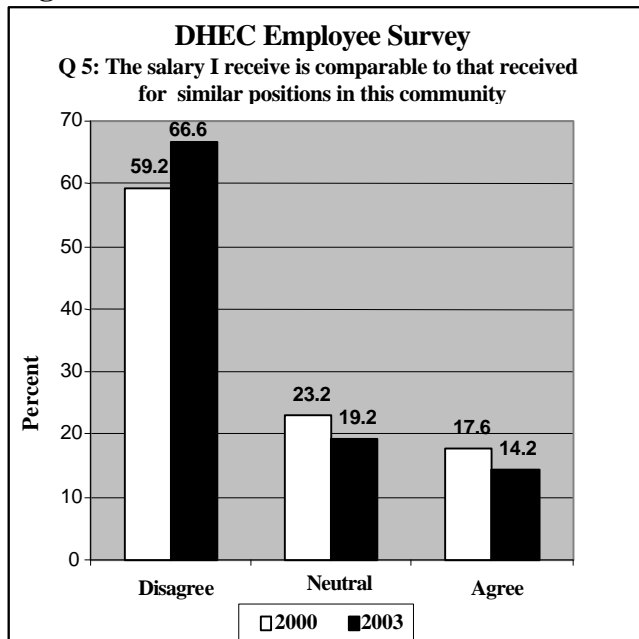
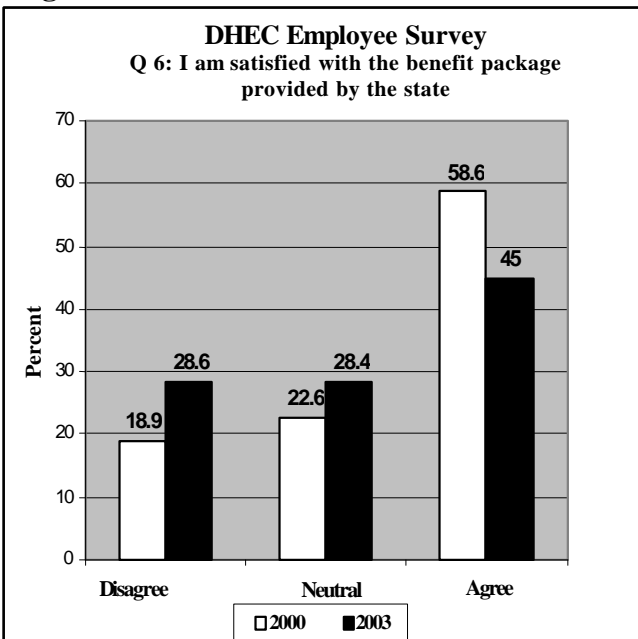


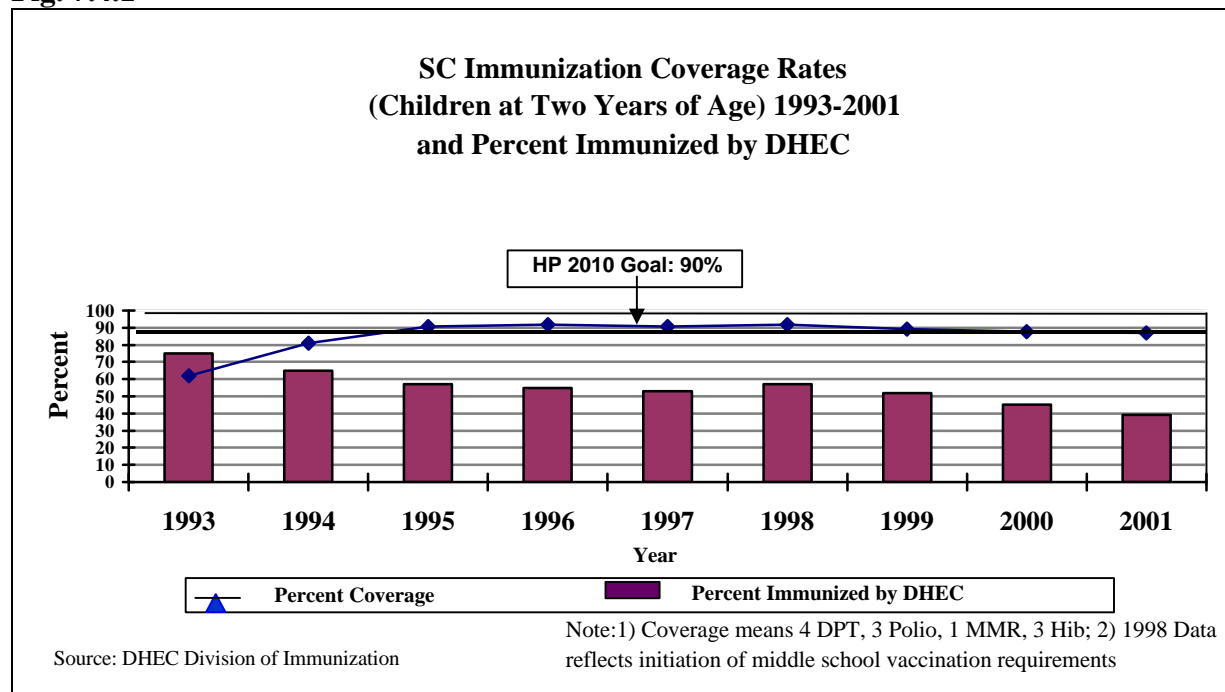
Fig. 7.3.3



There were statistically significant differences in how respondents answered 11 of the 25 questions that were asked on both the 2000 and the 2003 Employee Survey. The largest differences in the negative direction were found on Question #5 and Question #6. Employees voiced real concern that they will be able to afford the increased cost of insurance coverage.

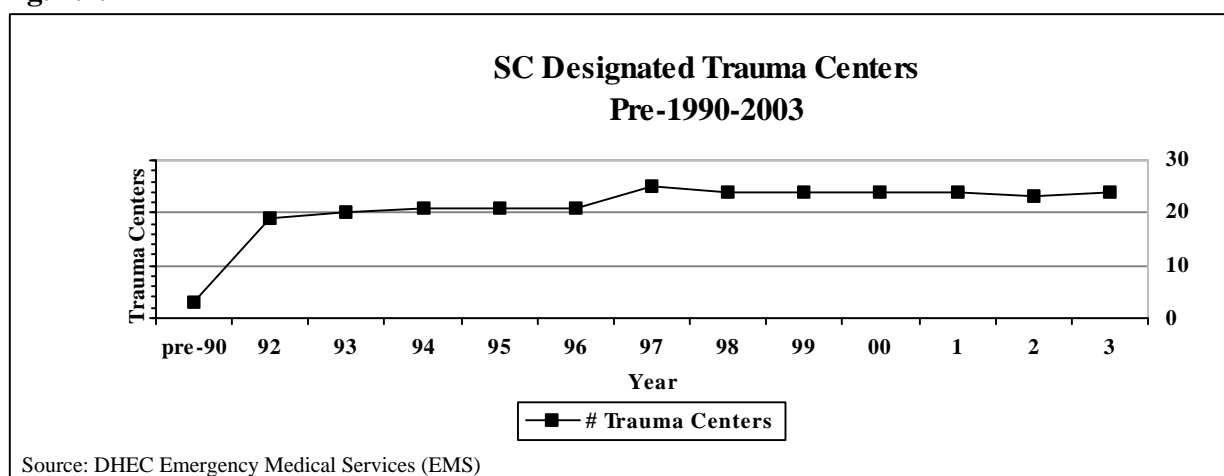
III. 7.4 Supplier & Partner Results

Fig. 7.4.1



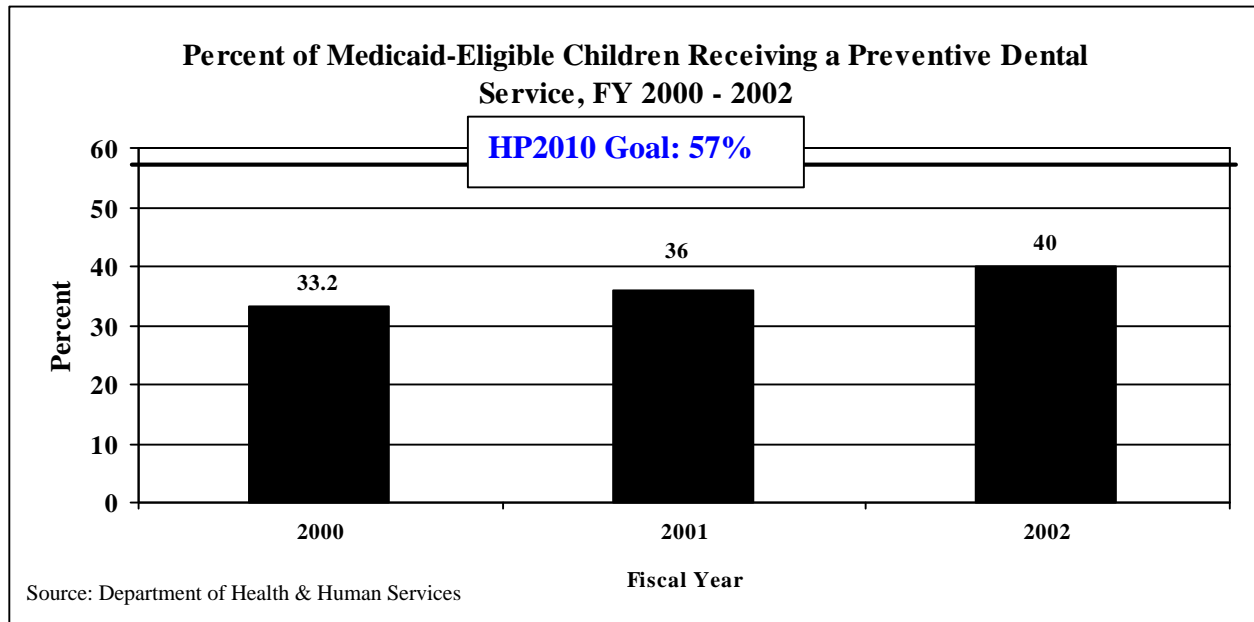
Before 1993, DHEC was the primary provider of immunizations for children. The agency has transitioned much of its direct childhood immunization efforts to the private sector by establishing immunization partnerships and encouraging medical homes for children. Immunization coverage levels continue at a high level in South Carolina, due to strong public-private partnerships between DHEC and the medical community.

Fig. 7.4.2



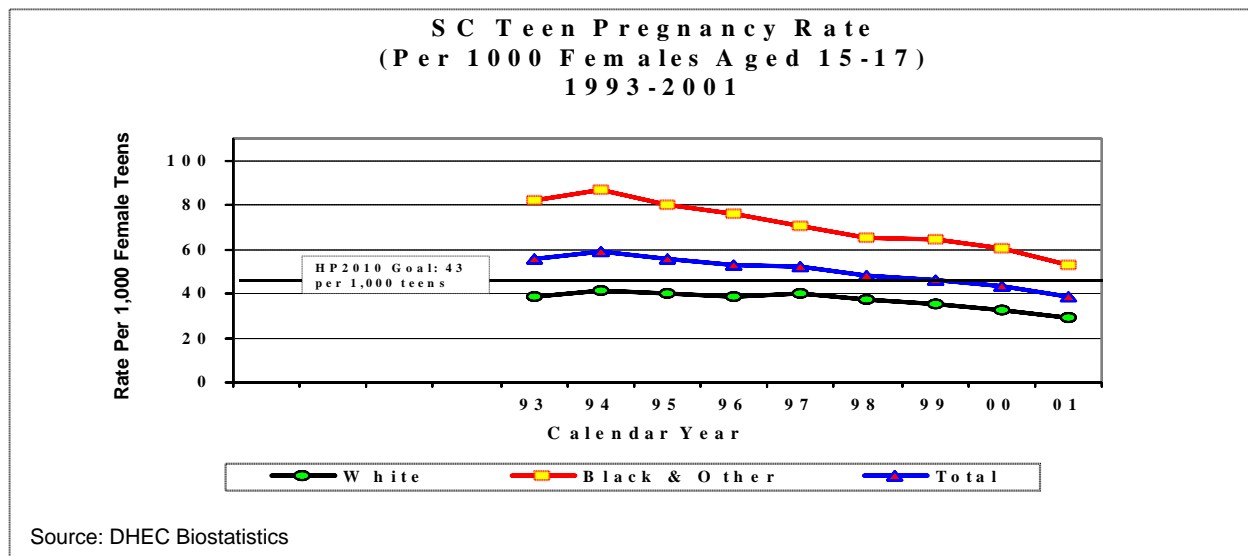
Appropriate trauma care can mean the difference between life and death for injured patients. South Carolina ranks 11th in the nation for deaths from injuries. The trauma system, which must include an adequate number of designated trauma centers and EMS personnel, is facing serious underlying problems. The six Level I and II trauma centers lost \$18.3 million in caring for trauma patients in 2001 and are having difficulty hiring and retaining the necessary medical specialists. While the number of trauma centers remains steady, the number of patients requiring trauma care each year continues to increase.

Fig. 7.4.3



Oral cavities is the most common disease of childhood. Children in poverty have disproportionately more cavities than non-poor children. Cavities can be prevented and treated. Accessing dental services is a key strategy in reducing the number of children with dental problems. DHEC continues to work with private partners to provide preventative dental services in public schools and to identify and refer those eligible children that require more definitive care. South Carolina has shown improvement in the numbers of Medicaid children receiving a preventive dental service, although the state has not reached the HP2010 Goal for the nation.

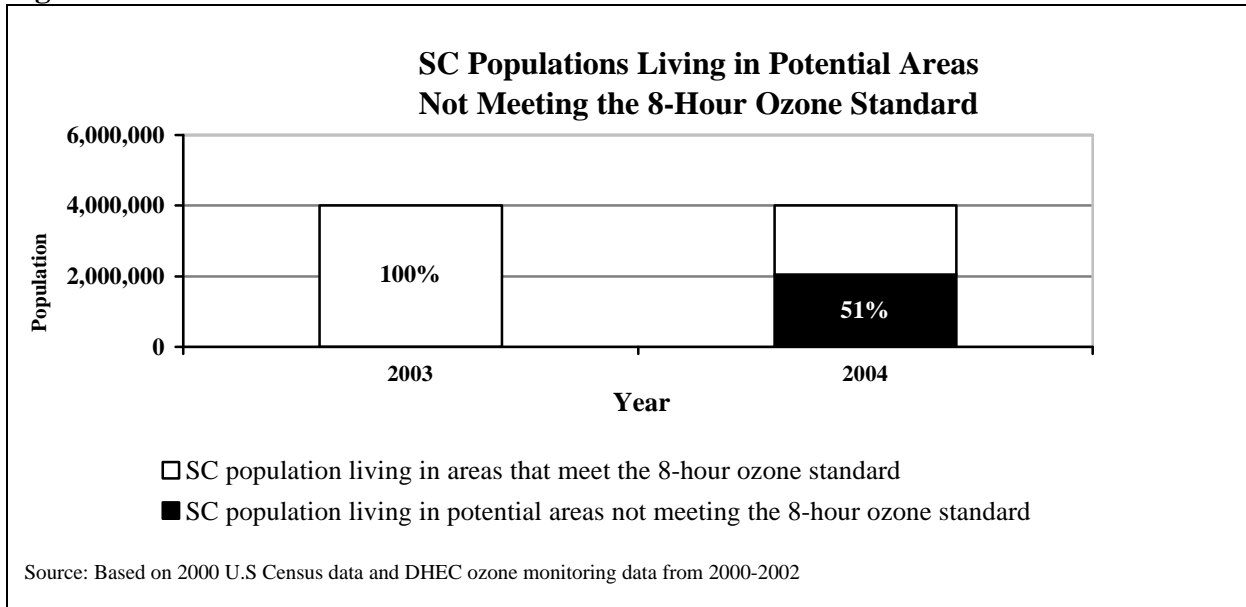
Fig. 7.4.4



Teen pregnancies have continued to decline in the state due to the efforts of many state partners. The overall rate for 2001 was 38.6 per thousand teens ages 15-17. Rates for both White and Black/Other teens declined in 2001, and the Black/Other rate declined more rapidly than the White rate: 11.6 percent compared to 9.6 percent, respectively. The disparity gap in teen pregnancies in South Carolina is narrowing significantly. At this time, South Carolina has reached the HP2010 Goal for the nation for teen pregnancies.

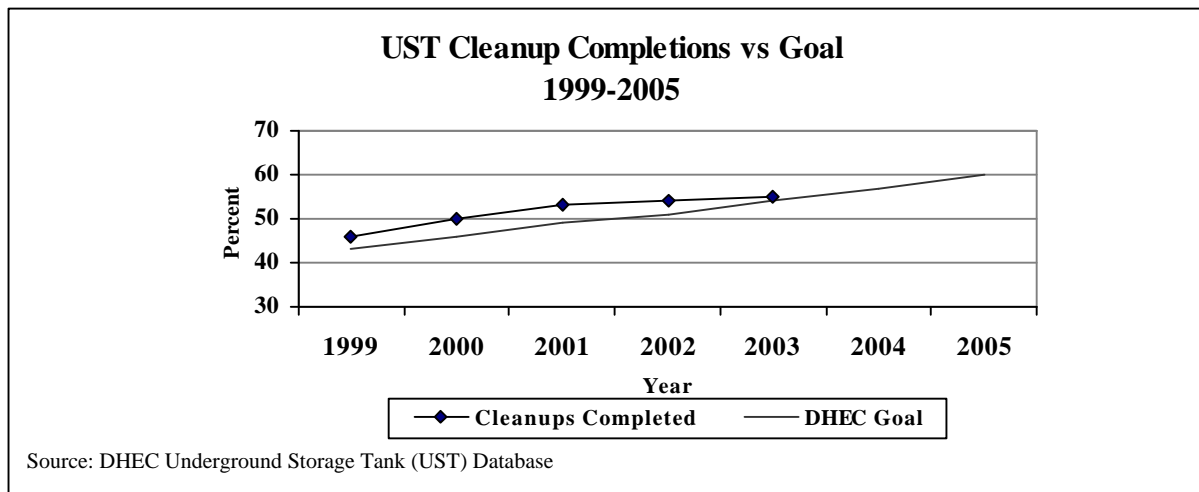
III. 7.5 Organizational & Regulatory Effectiveness Results

Fig. 7.5.1



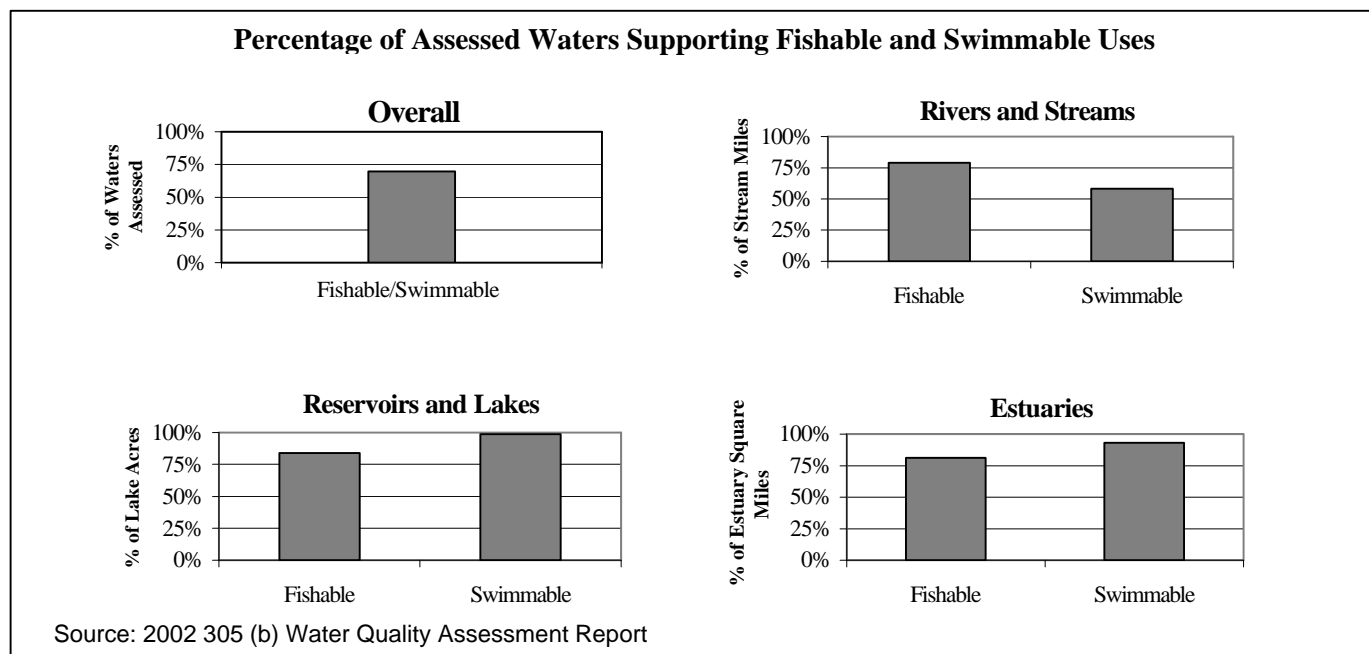
South Carolina is currently meeting all of the National Ambient Air Quality Standards; however, due to a new standard for ozone being implemented in 2004, the state could expect that approximately fifty-one (51) percent of the population would no longer live in areas attaining the new standard.

Fig. 7.5.2



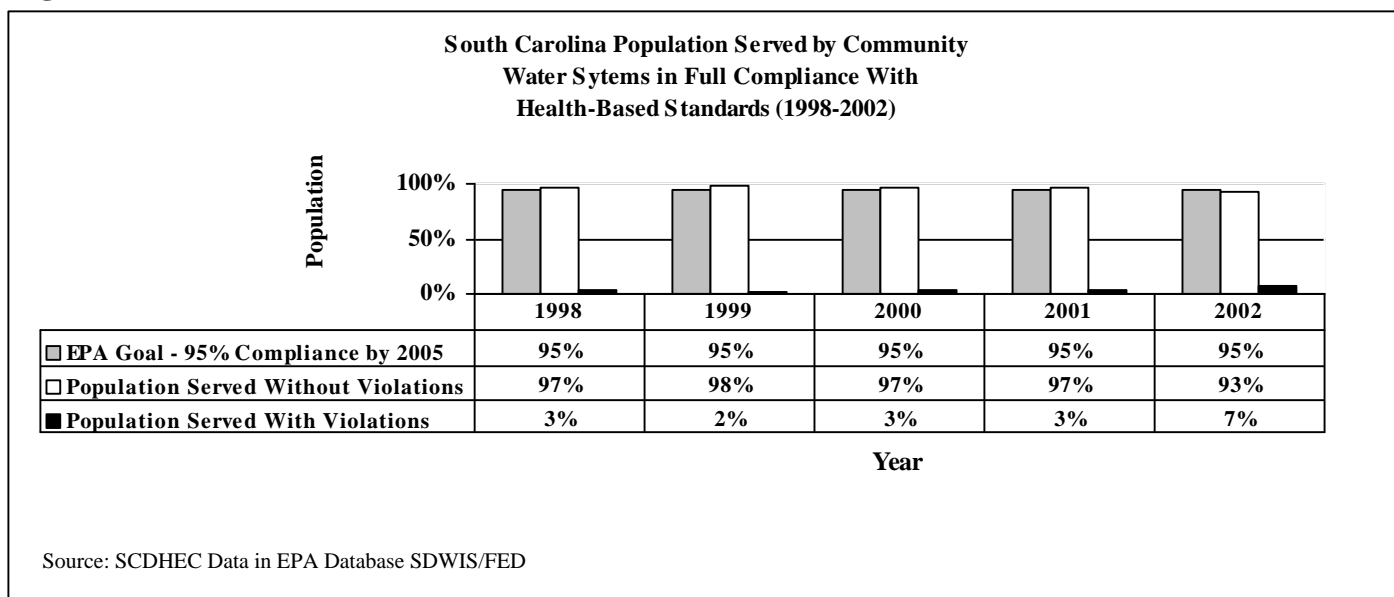
A total of 55%, or 4,620 cleanups out of over 8,300 confirmed releases, have been closed, exceeding DHEC established interim goals. If this level of closure activity is sustained for the next three years, DHEC will exceed the 60 % closure goal by 2005.

Fig. 7.5.3



Based on the 2002 305(b) South Carolina Water Quality Assessment Report, almost all lakes and estuaries (salt waters) in South Carolina are safe for swimming. While just over 58% of our streams and rivers are safe for swimming, it is important to note that many streams are inaccessible or too shallow for swimming. Many of the waters which may not provide full support for a healthy aquatic community have conditions that may be due to natural occurrences and not pollutants introduced by man. All waters which do not fully support these uses are slated for watershed restoration to ensure full attainment of this goal.

Fig.7.5.4



Since 1998, over 97 percent of the population served by community water systems received water from systems in compliance with all health-based standards. During the 2002 calendar year, 93 percent of the population received water from systems in compliance with all health-based standards. The reason for the decrease in the percentage is that eight systems with a population of greater than ten-thousand persons had a minimum of one maximum contaminant level (MCL) violation during 2002. Four of the systems had a single MCL for Bacteriological contamination and the remaining four had Trihalomethane/Haloacetic Acid MCL violations.

Fig. 7.5.5

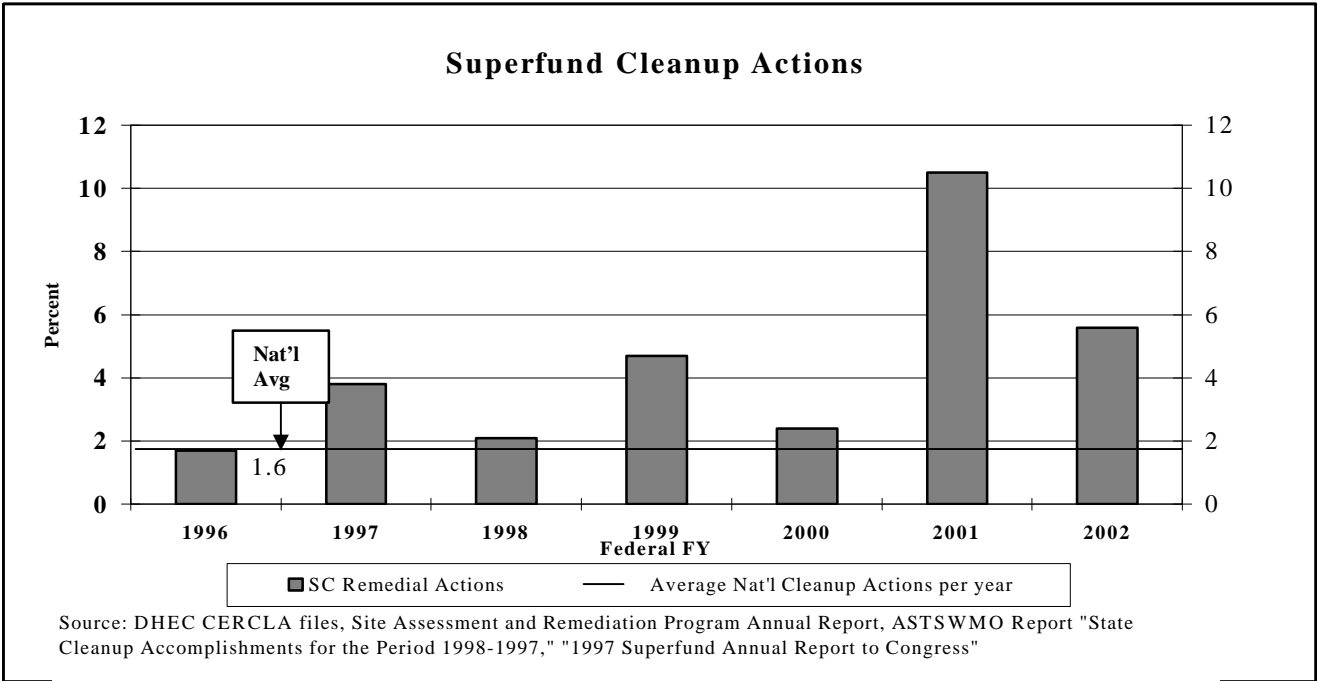
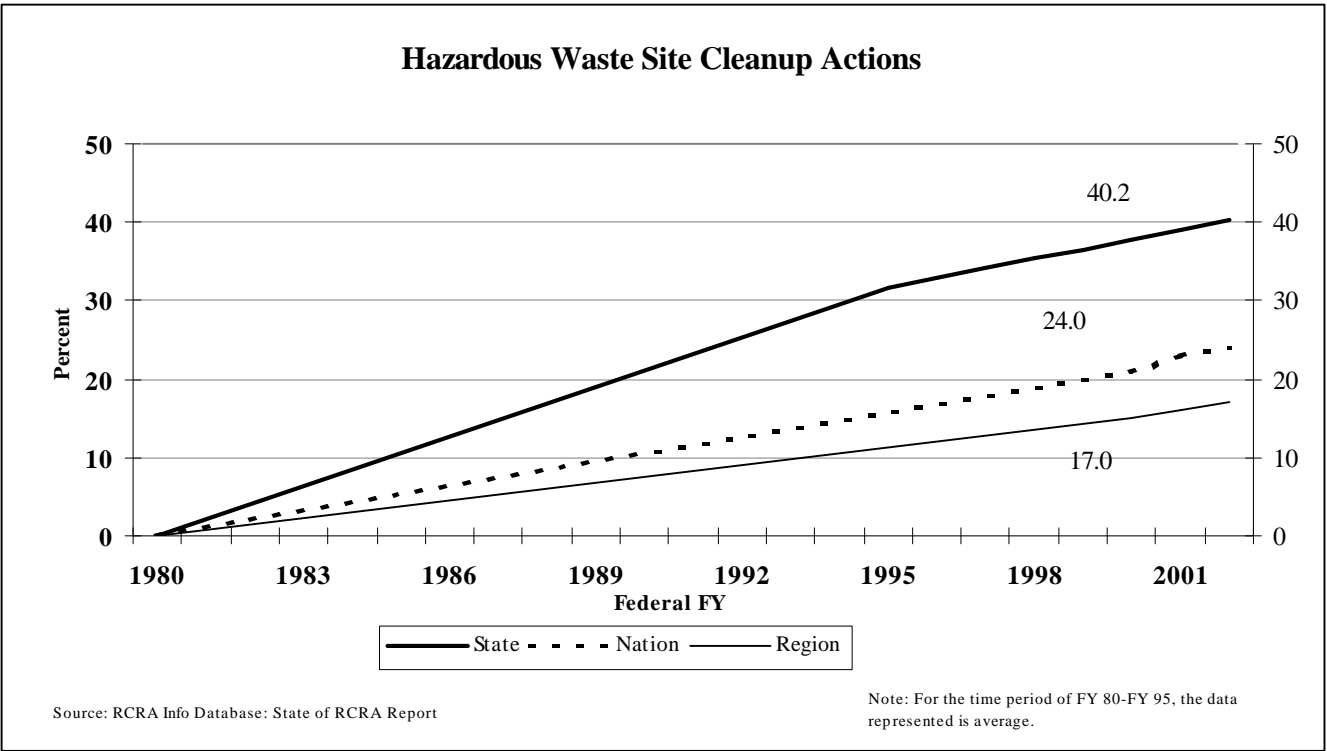
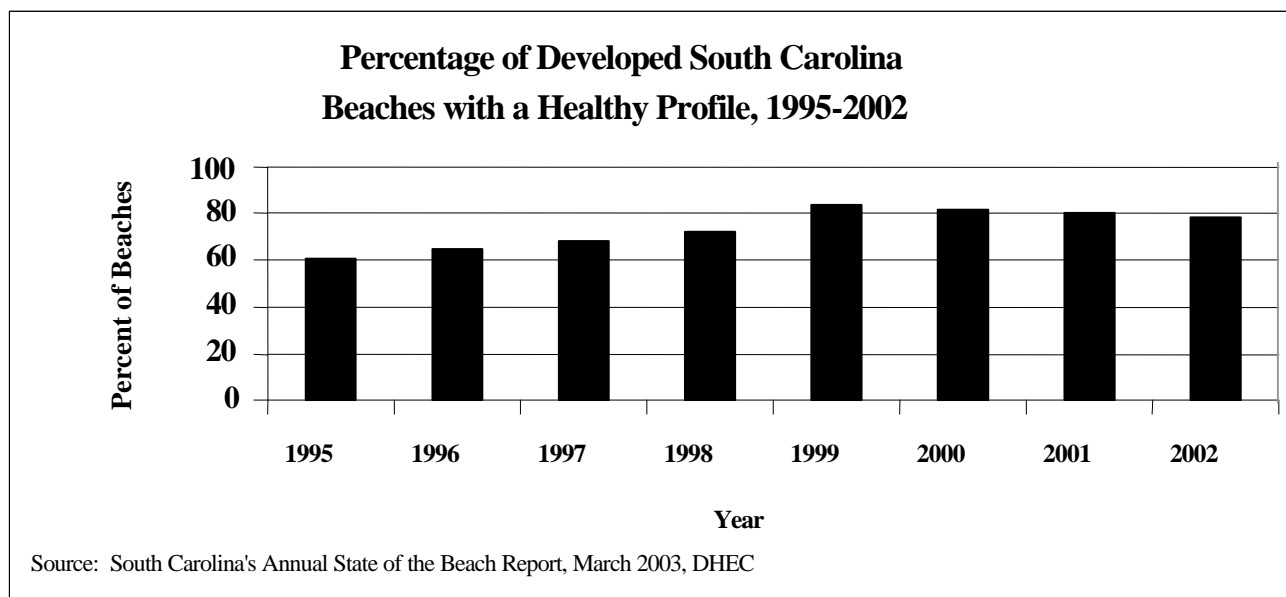


Fig. 7.5.6



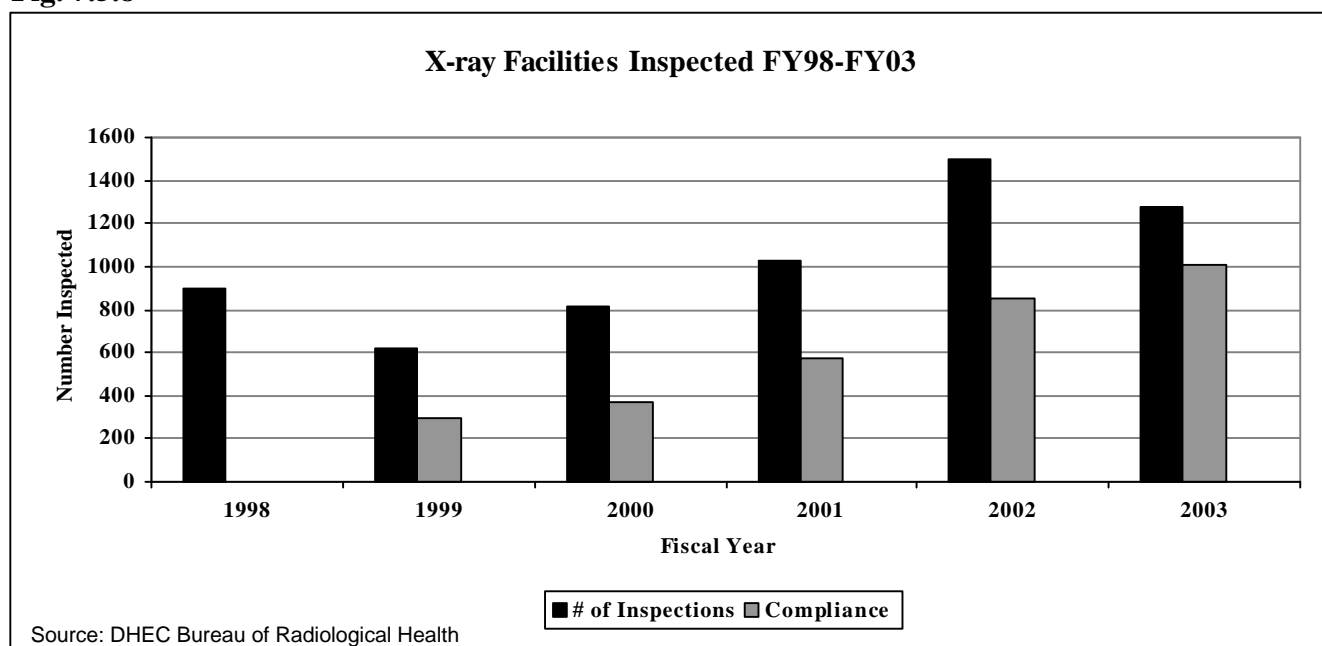
The charts above show that the average cleanup rates in South Carolina for two of the largest cleanup programs consistently exceed the national and regional rates. A large number of contaminated sites are addressed by the Superfund and the Hazardous Waste programs. Aggressive cleanup of these sites reflects DHEC’s commitment to maximize limited resources to reduce threats to human health and the environment.

Fig. 7.5.7



A healthy beach profile is defined as having at least 25 feet of dry sand between the seaward toe of the sand dune and the high-tide wave up-rush line. The percentage of healthy beaches has declined from 84% to 78% over the past three years due in part to the lack of renourishment and maintenance. Funds were reduced in 2000, and no funds have been allocated since 2001.

Fig. 7.5.8



Insuring that radiation exposures are kept to a minimum protects the safety of the public's health. In 2003, the decrease in the number of inspections was due to staff vacancies and the increase in compliance is a result of standardizing compliance reviews.

Fig. 7.5.9

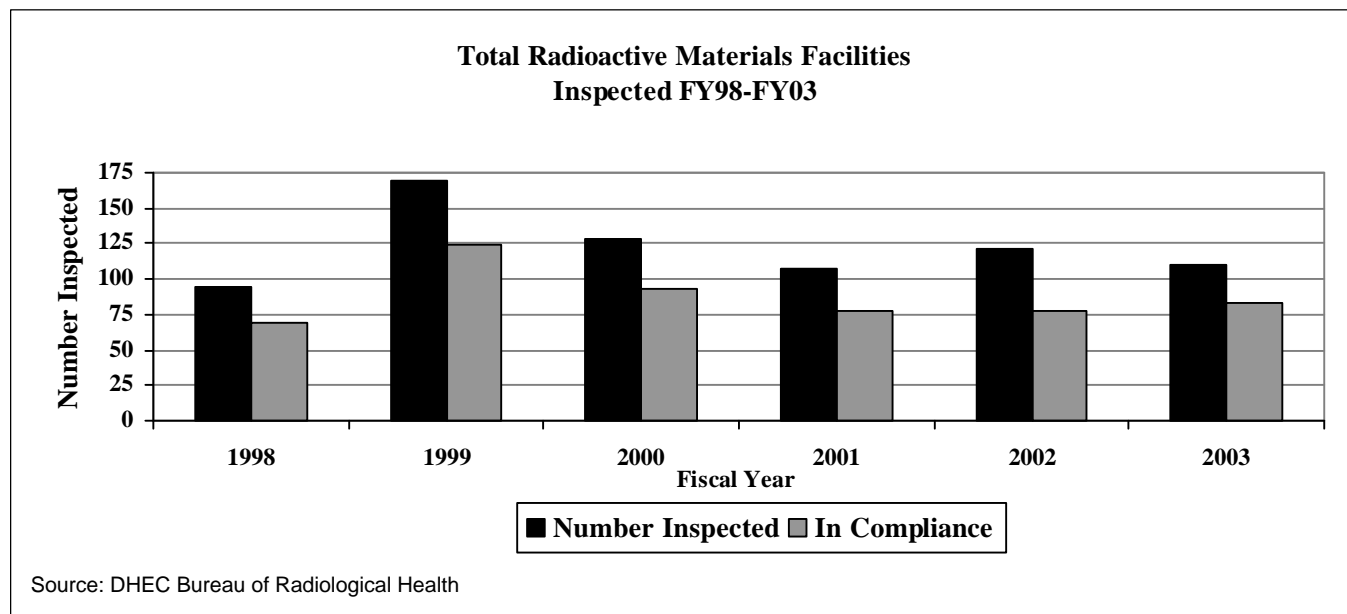
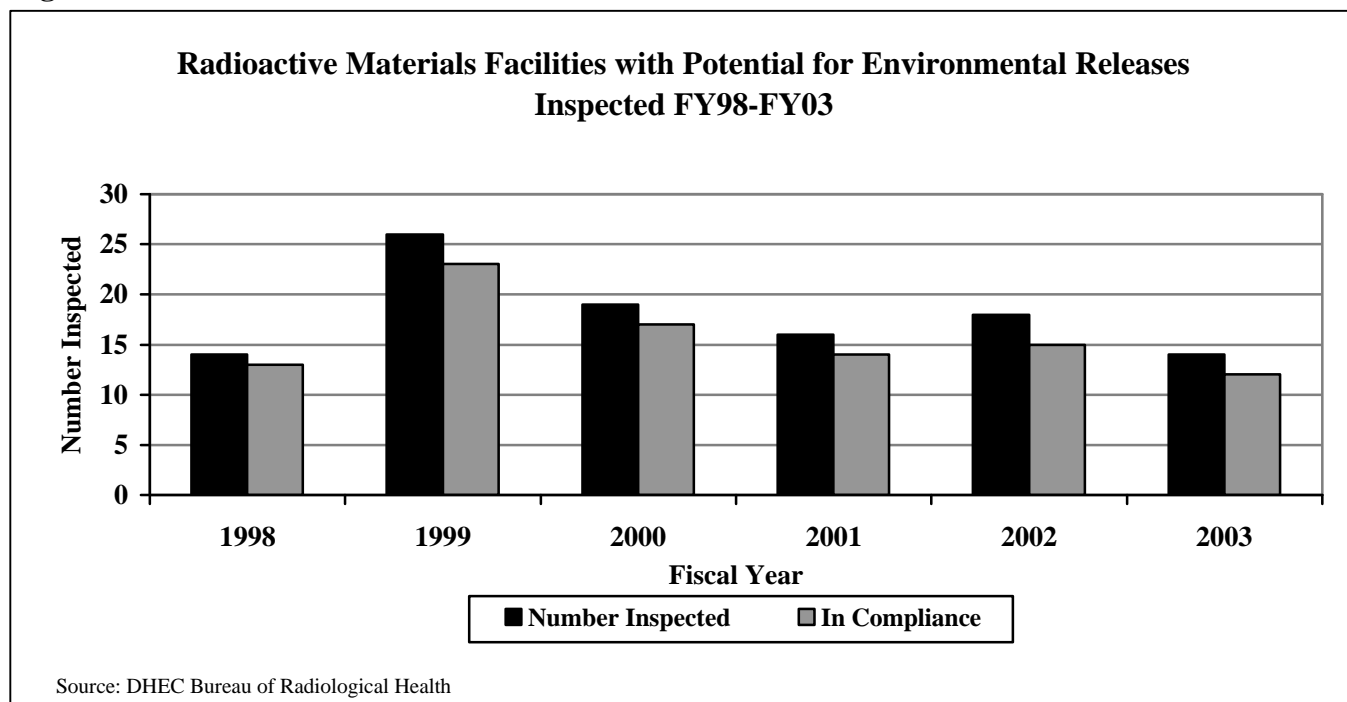
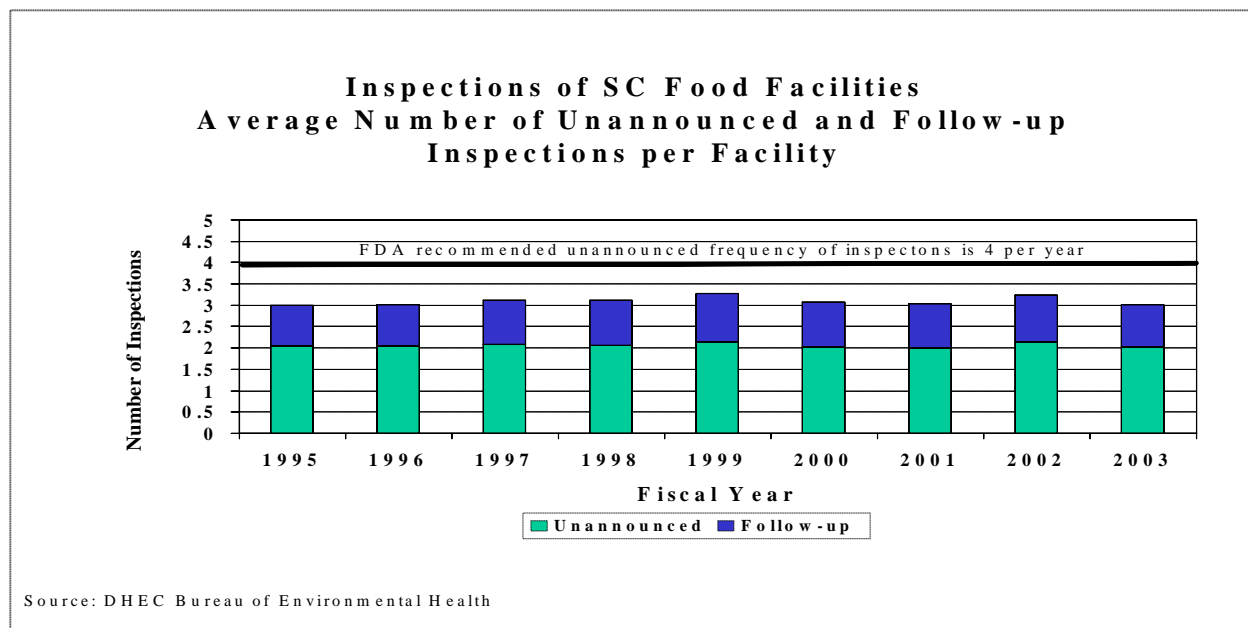


Fig. 7.5.10



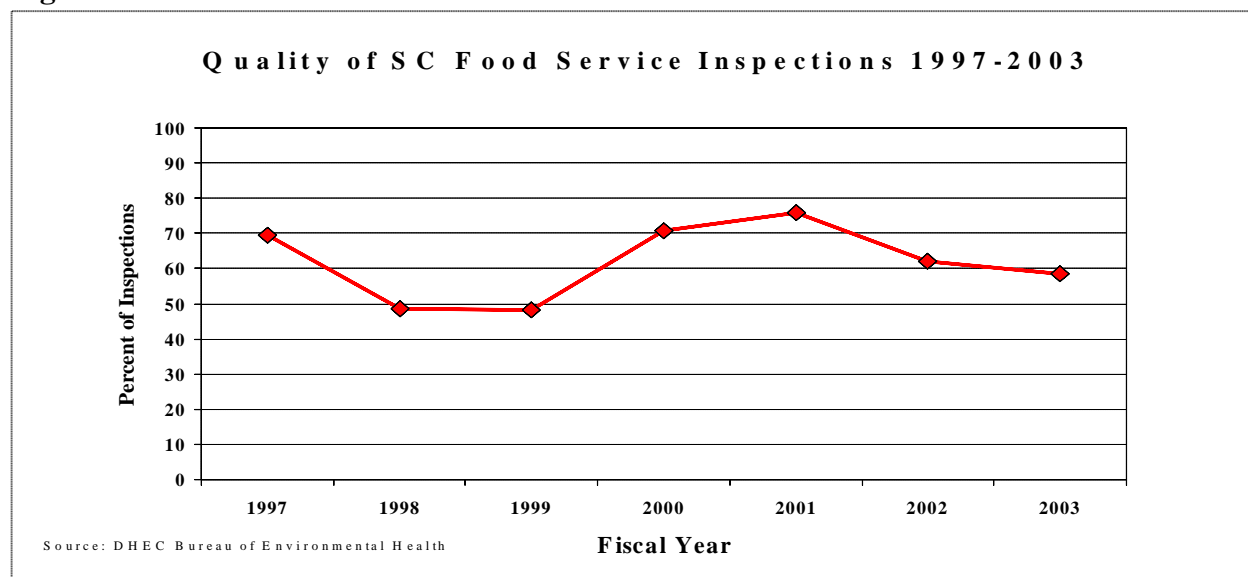
Minimizing the release of radioactive materials into the environment protects the public's health. The frequency of inspections is conducted in compliance with Nuclear Regulatory Commission (NRC) guidelines, which vary from one to five years, depending on the type of facility.

Fig. 7.5.11



The potential for a food borne illness is ever present. Inspections of facilities contribute to safe food handling practices and techniques. The number of sufficiently trained food service inspectors has not kept pace with the growth in food service facilities in the state. The Food and Drug Administration (FDA) recommends four unannounced inspections per year. Attainment of the four inspections per year standard is not possible at the current resource level.

Fig. 7.5.12



To assure that food service inspections are done uniformly across the state and in accordance with regulations and best practices, quality checks are done systematically across the state. Results are shared with district staff for review and quality improvement interventions. Reasons for the year-to-year variation are many including the impact of staff vacancies resulting in fewer follow up visits for education and quality assurance and the increase in the number of food establishments without the concurrent growth in the number of inspectors.

Fig. 7.5.13

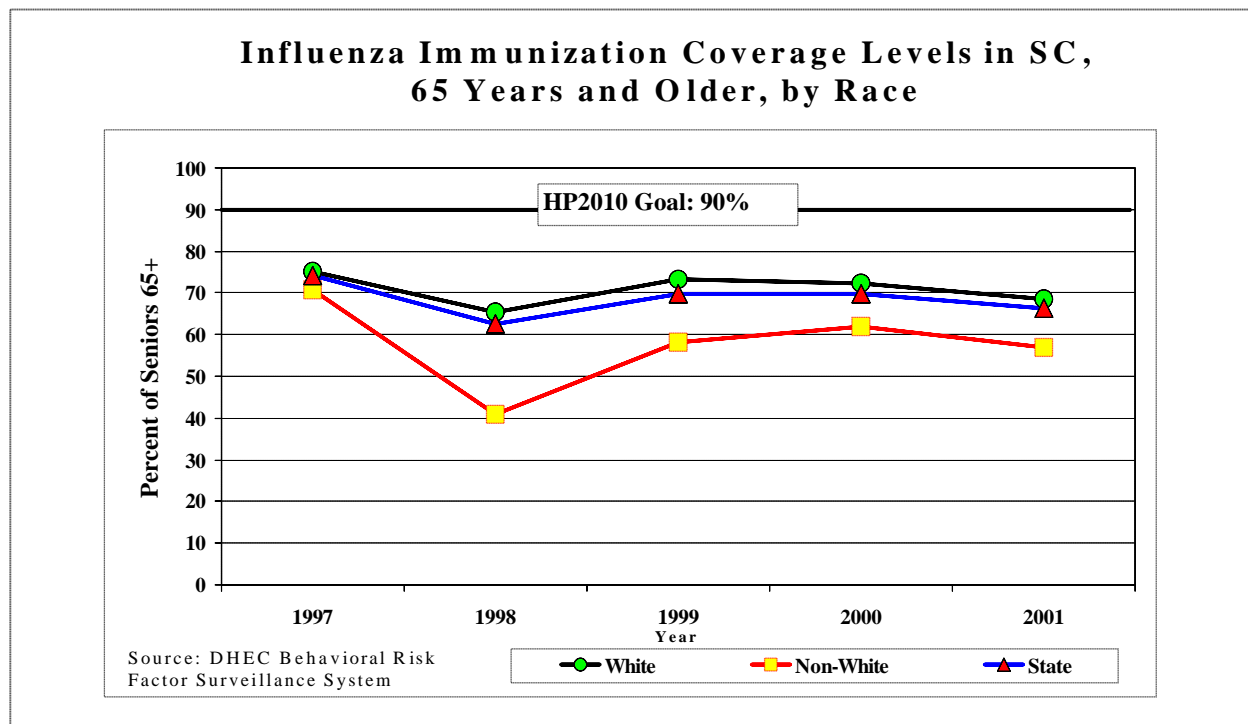
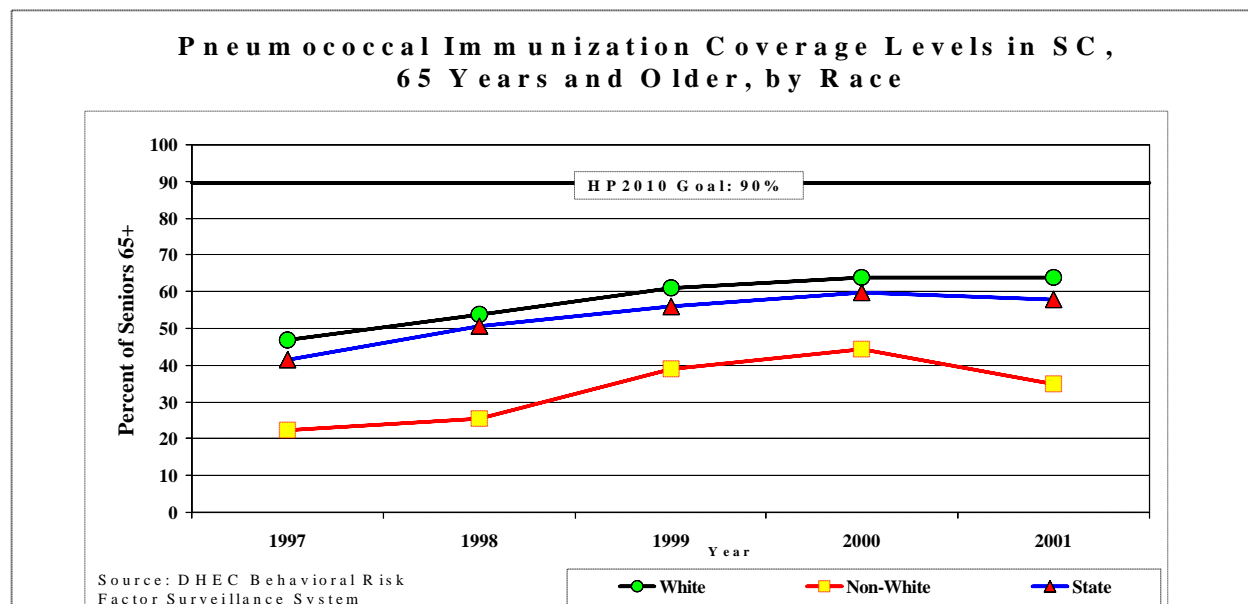
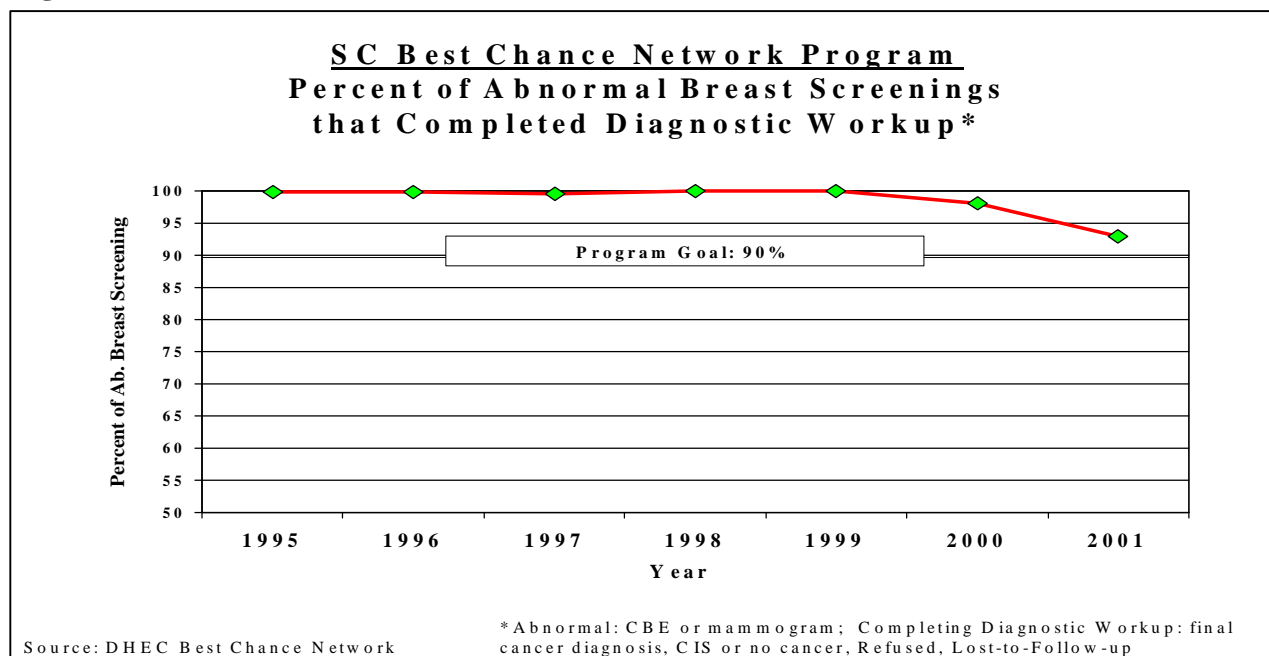


Fig. 7.5.14



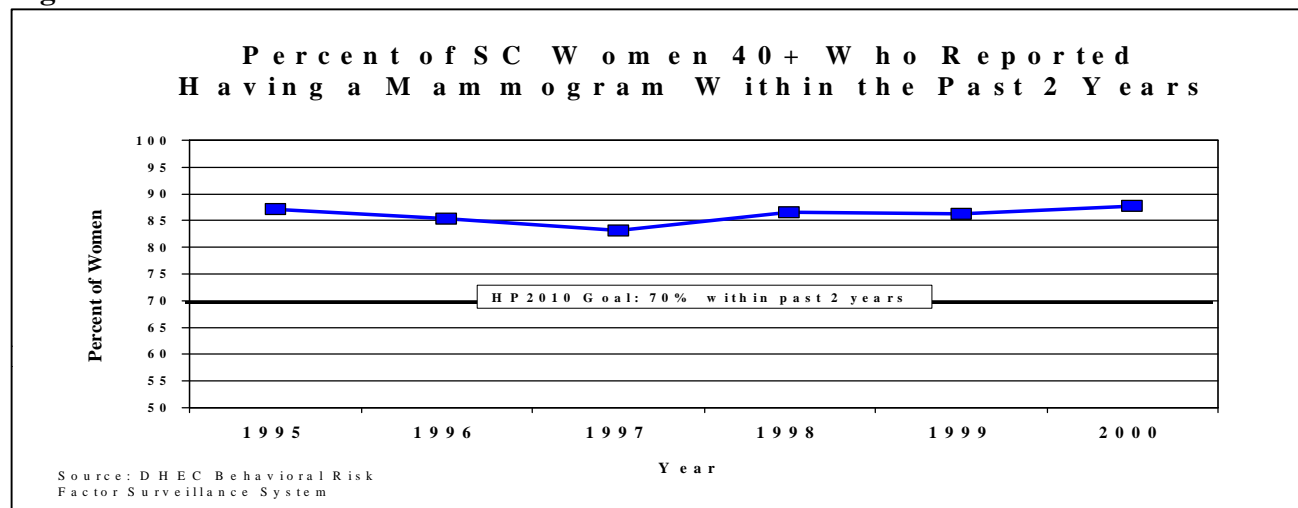
Influenza and pneumococcal disease together are a major cause of death among the senior population in South Carolina. Vaccinations against these diseases can reduce health care costs and death and disability among this vulnerable population. Compared to the national average, the state is vaccinating more of its seniors, but it has a long way to go to reach the HP2010 Goal for the country, and Nonwhite seniors continue to be less likely to receive an immunization than their White peers. DHEC is one of several providers in the state immunizing seniors. In 2002, DHEC distributed over 122,000 flu and 10,000 pneumococcal vaccines to its public health clinics statewide.

Fig. 7.5.15



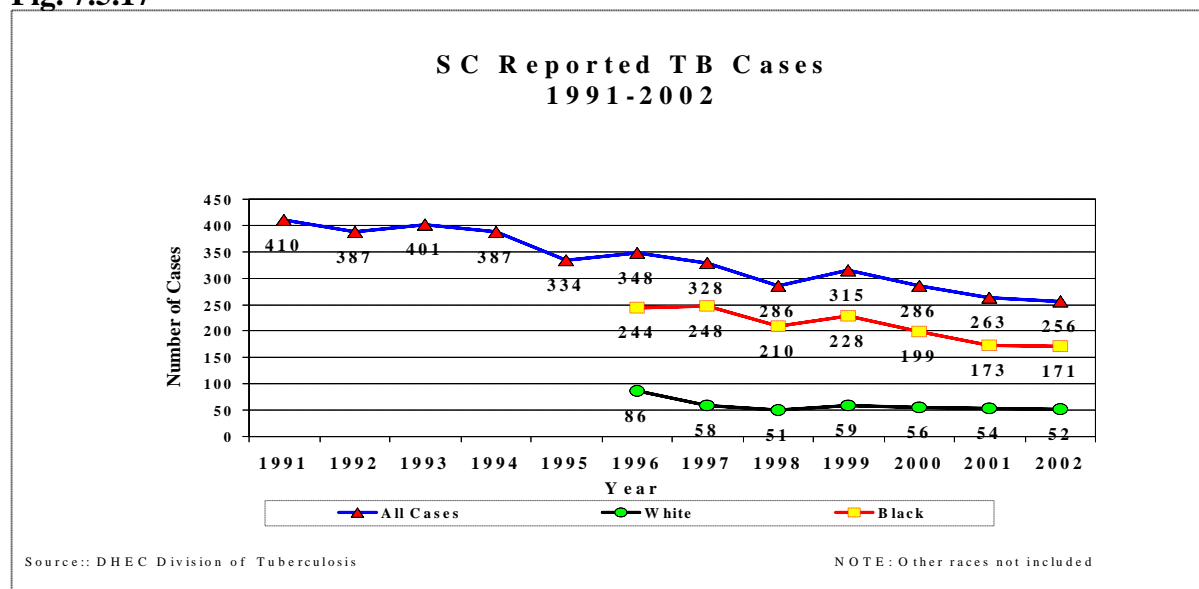
The Best Chance Network (BCN) provides funds for breast and cervical cancer screenings and diagnostic work-ups among low-income, uninsured women in South Carolina. The past year, BCN provided clinical breast exams (CBE) and mammograms to over 7,000 women. Of the breast screenings performed, 9.7% were abnormal (abnormal CBE and/or mammogram). This percentage has remained consistent over the past seven years. The program's percentage goal is that at least 90% of the abnormal breast screenings will complete diagnostic work-up, and over the past seven years, the program has met that goal.

Fig. 7.5.16



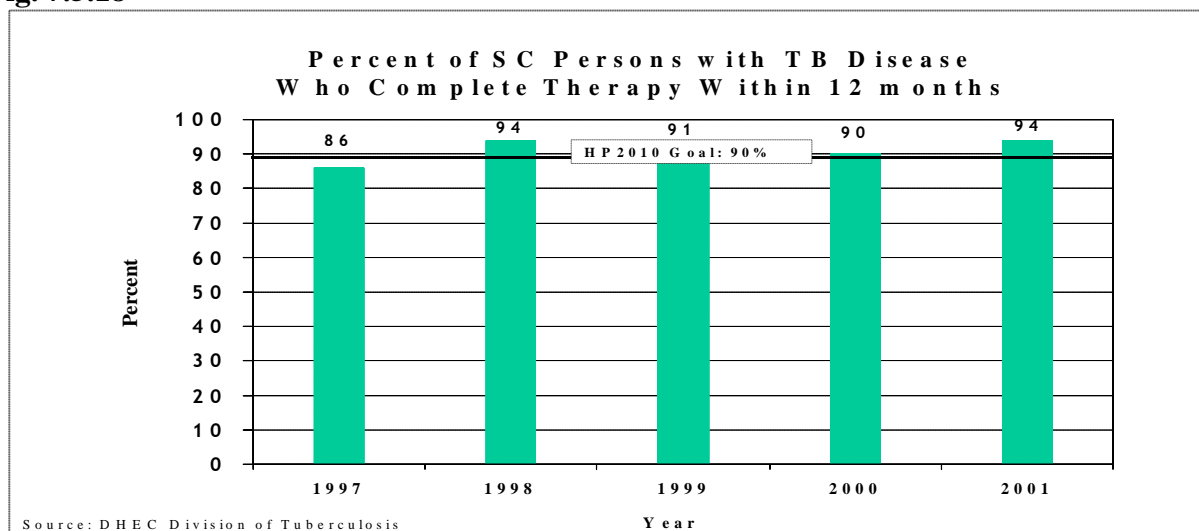
Early detection of breast cancer is essential to increase the likelihood of survival. Mammogram screenings are a proven and cost effective tool to detect early breast cancer. Since 1995, South Carolina has met or exceeded the HP2010 Goal of 70 percent of women over 40 screened for breast cancer in the last two years. Black women in the state, however, receive mammogram screenings less frequently than do White women.

Fig. 7.5.17



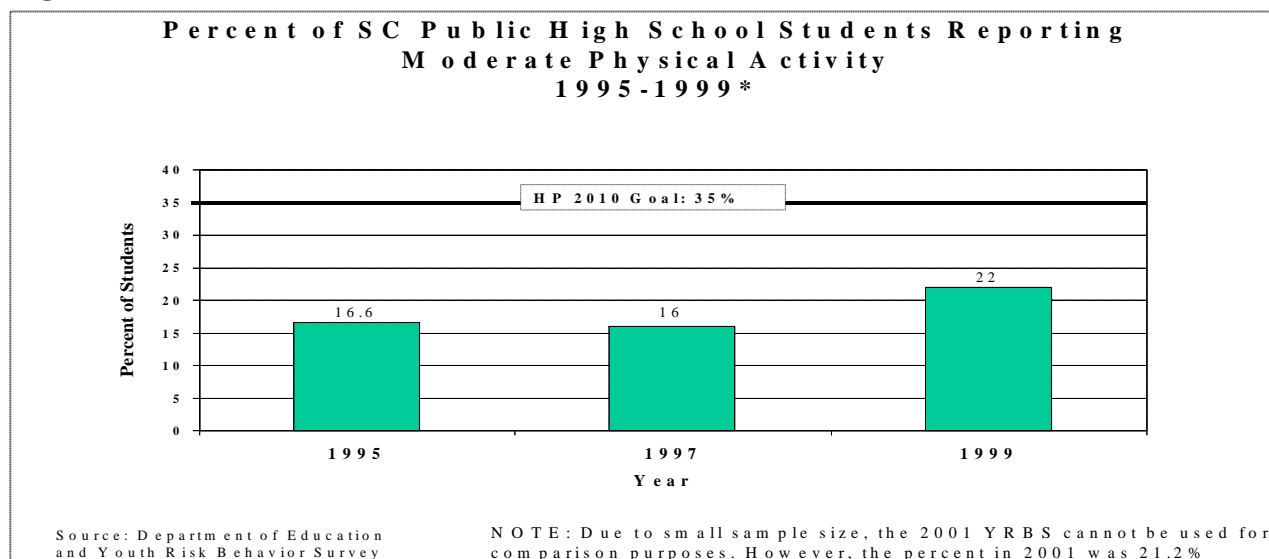
The number of reported cases of tuberculosis (TB) in South Carolina has dropped 38 percent from 1991 through 2002. This compares favorably to the United States rate overall, which saw a 39 percent decline in reported TB cases from 1992 through 2000. Nevertheless, South Carolina continues to rank among the top ten states nationally in the number of new cases reported per 100,000 population. The number of cases in Blacks has dropped more than in Whites in South Carolina, but the disparity is still great.

Fig. 7.5.18



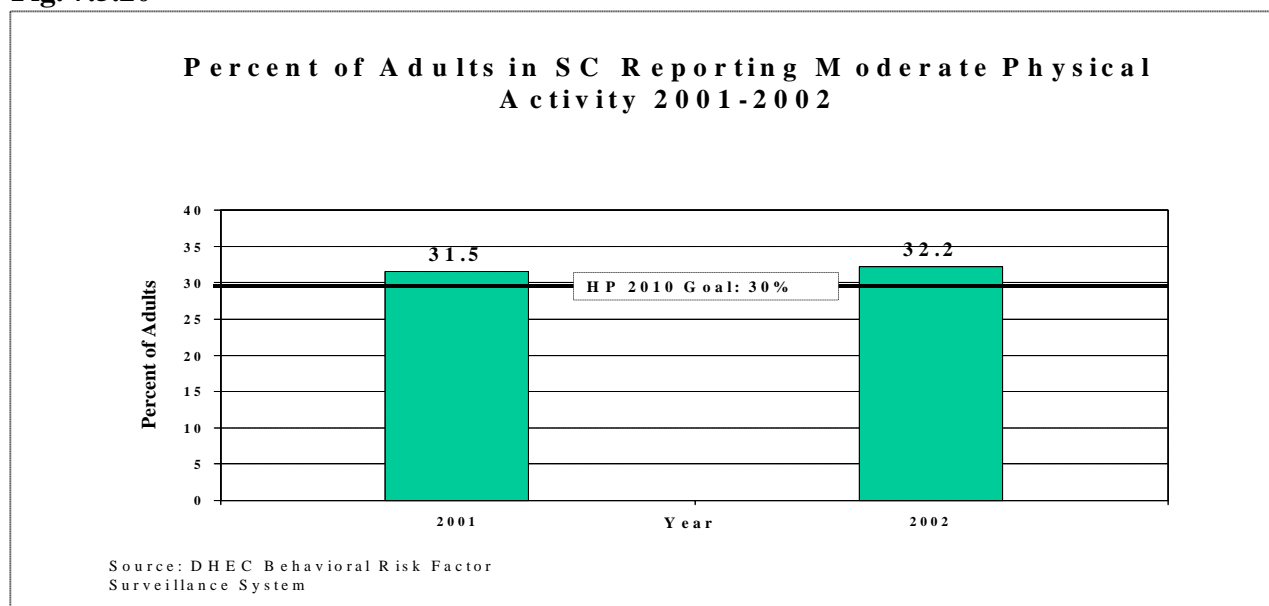
The first tuberculosis control priority is to treat all persons with TB disease in a timely manner. It is essential to ensure that persons suspected of having active tuberculosis disease are identified, evaluated, placed on the recommended course of treatment, and complete their treatment. Successful treatment requires six months or more of an appropriate drug regimen. South Carolina is consistently at or above the HP2010 Goal for the country.

Fig. 7.5.19



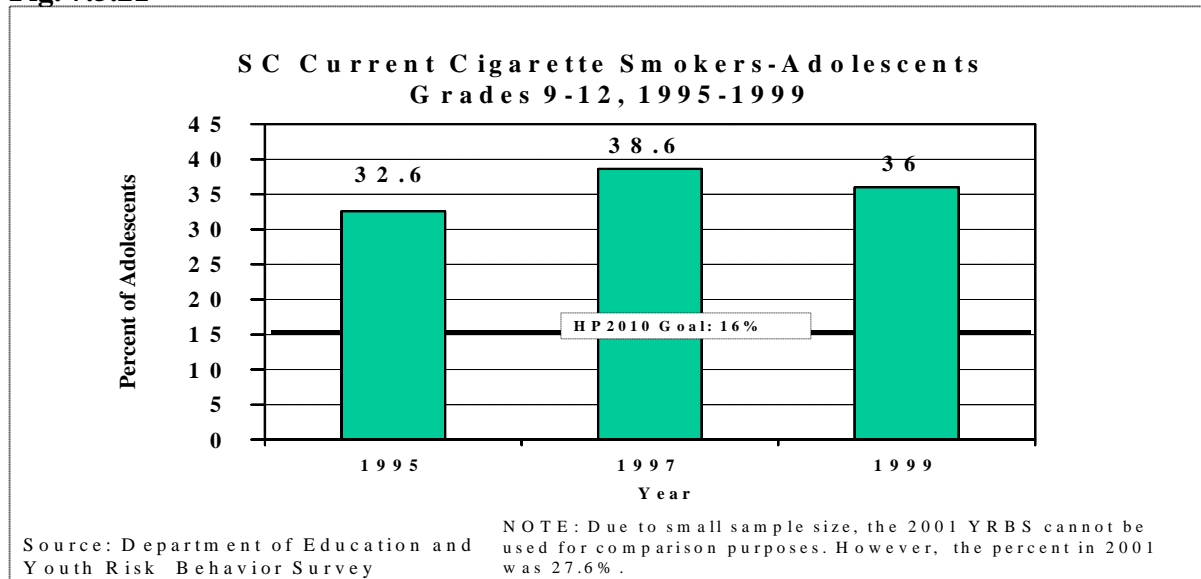
Regular participation in physical activity during childhood and adolescence has many benefits including helping control weight, building lean muscle, reducing fat, and reducing feelings of depression and anxiety. While South Carolina is making progress in physical activity, the state still ranks very low when compared to the rest of the United States. Twenty-two percent of high school students reported moderate physical activity in 1999 in the state, the third lowest percentage in the nation.

Fig. 7.5.20



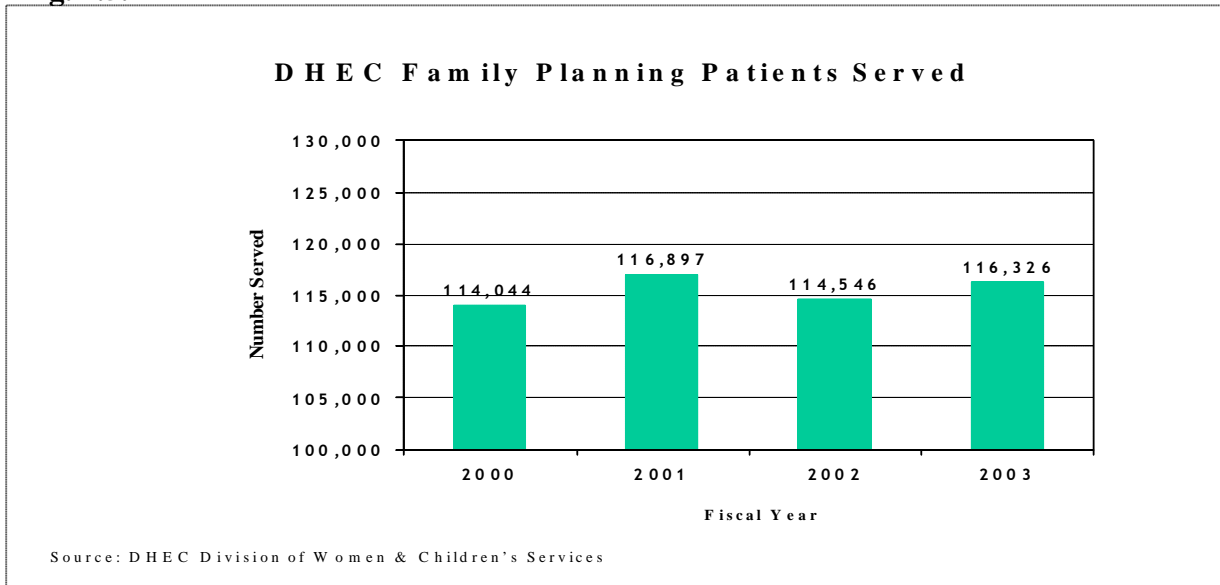
Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. It helps prevent high blood pressure, aids in weight control, and enhances psychological well-being. South Carolina adults have made limited progress in the last year, but the state is meeting the HP2010 Goal for the nation. However, continued efforts are needed to increase activity levels, especially with South Carolina consistently being among the states with the highest self-reported rates of overweight and obesity.

Fig. 7.5.21



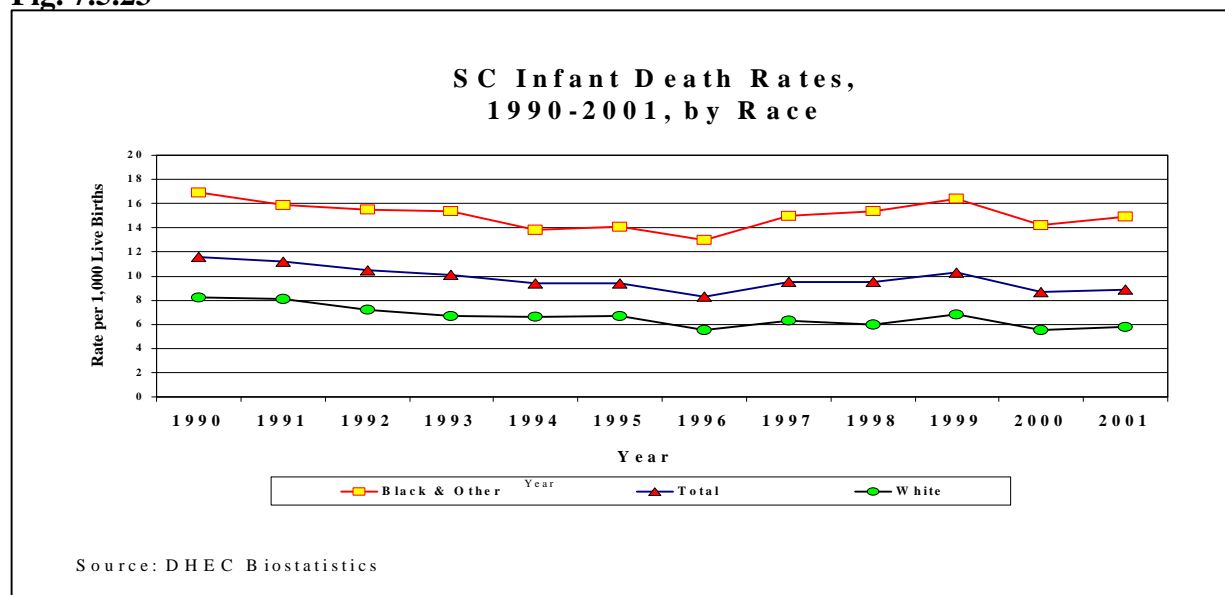
South Carolina teens smoke at a slightly higher rate than the national average, and the state is well above the HP2010 goal of 16 percent. At South Carolina's current smoking rate, about 90,000 kids now under 18 will die prematurely from their smoking. DHEC is implementing the Rage Against the Haze program, and in partnership with the Department of Education and the federal Centers for Disease Control, is also working with school districts to limit tobacco use in school settings and provide tobacco use cessation counseling and referral for students, staff and faculty.

Fig. 7.5.22



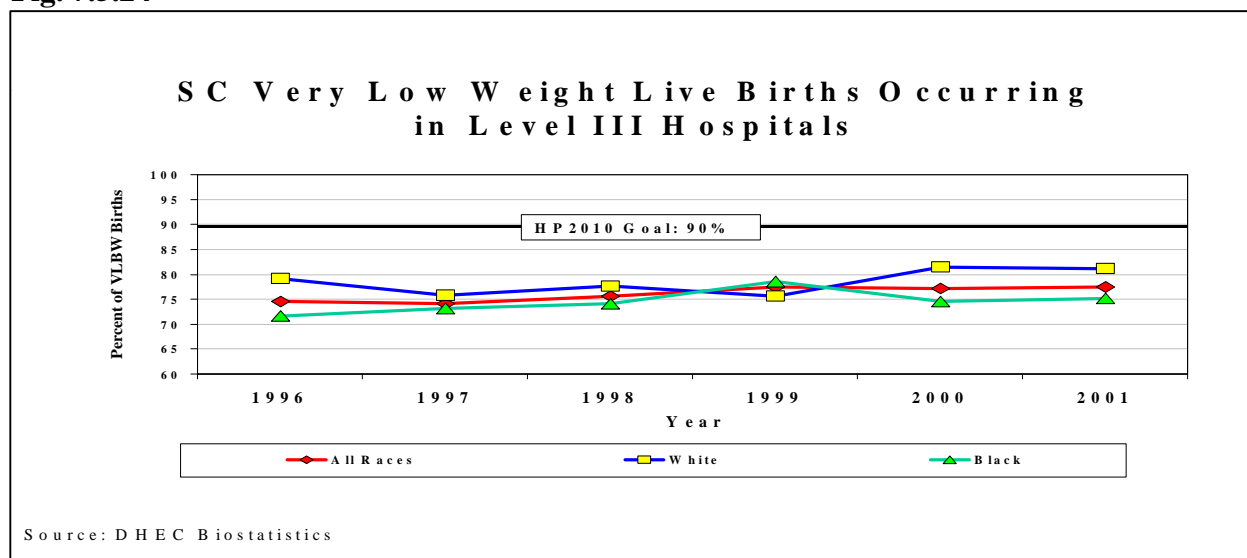
In FY 2003, 116,748 low-income women and men received clinical preventive health and family planning services at DHEC. The contraceptive counseling and medical services (Pap smears, annual exams, etc.) available in the preventive and family planning clinics help couples space births and reduce unintended pregnancies, enhance positive birth outcomes, and assist individuals in preventing sexually transmitted infections. Estimates show that every public dollar spent for contraceptive services saves an average of \$3 in Medicaid costs for pregnancy-related health care and for medical care of newborns.

Fig. 7.5.23

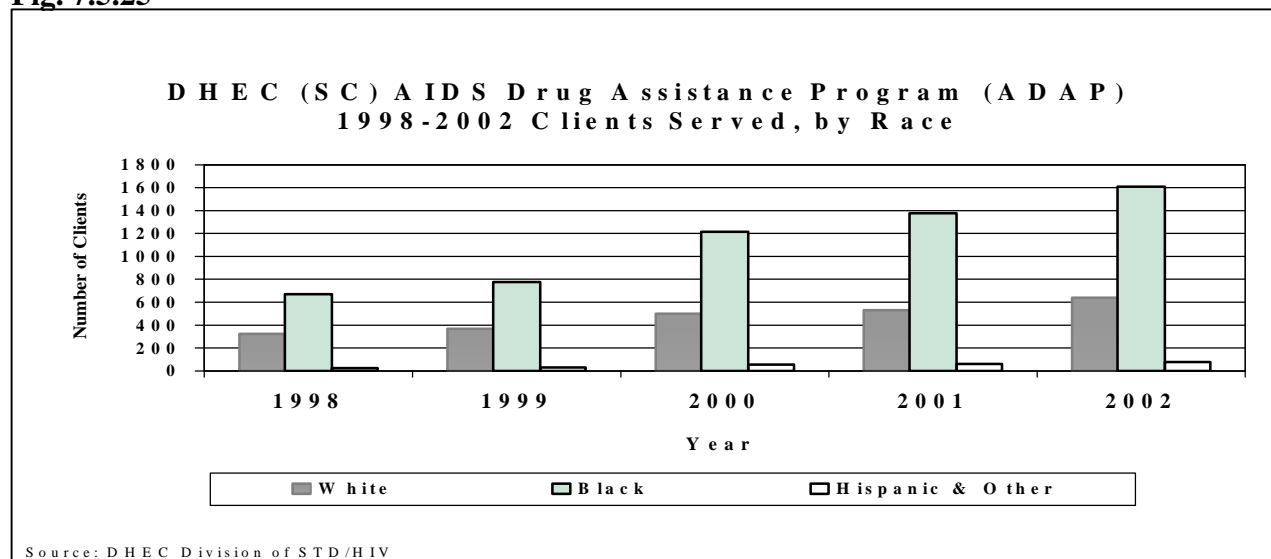


The leading causes of infant death in South Carolina continue to be congenital anomalies, pre-term and low birthweight, and maternal complications. The racial disparity in infant deaths continues to result in Black infants dying 2.5 times more often than White infants. DHEC has joined the South Carolina March of Dimes in a campaign to reduce pre-term births through education, clinical interventions, and advocacy activities and expanded its partnership with the AME Church Alliance, and the SCBIBS education campaign targeting the minority population of the state.

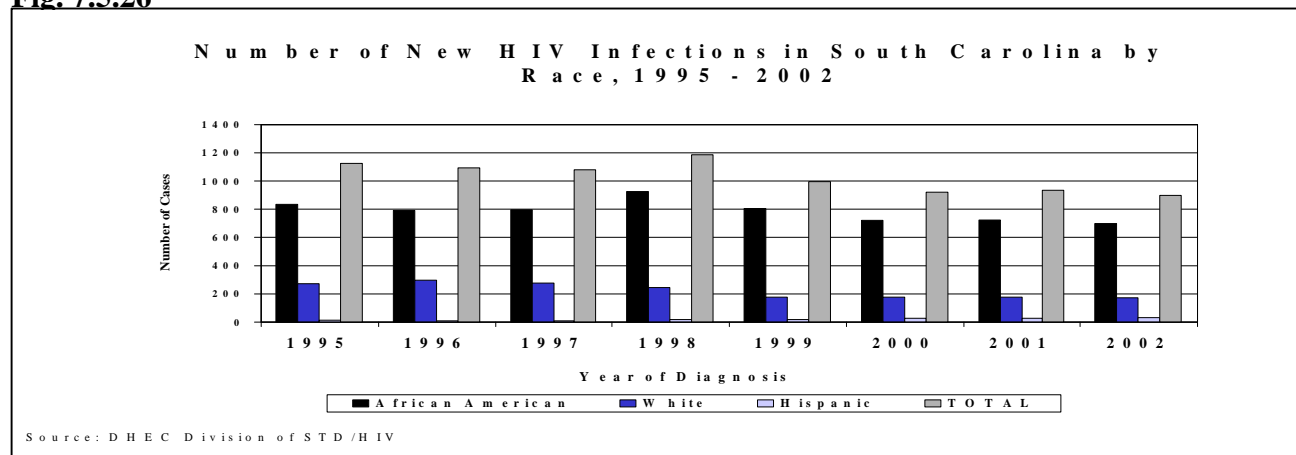
Fig. 7.5.24



Very Low Birth Weight (VLBW) babies have better survival rates if they are born in Level III hospitals. There has been little change over the past five years in the percentage of VLBW infants born in Level III hospitals in South Carolina. Revised hospital regulations went into effect April 2002 requiring all hospitals to review all very low birthweight births utilizing a tool developed by DHEC. This process is intended to assist hospitals in identifying reasons for VLBW deliveries outside Level III hospitals and facilitate maternal transfers to the appropriate facility in the future.

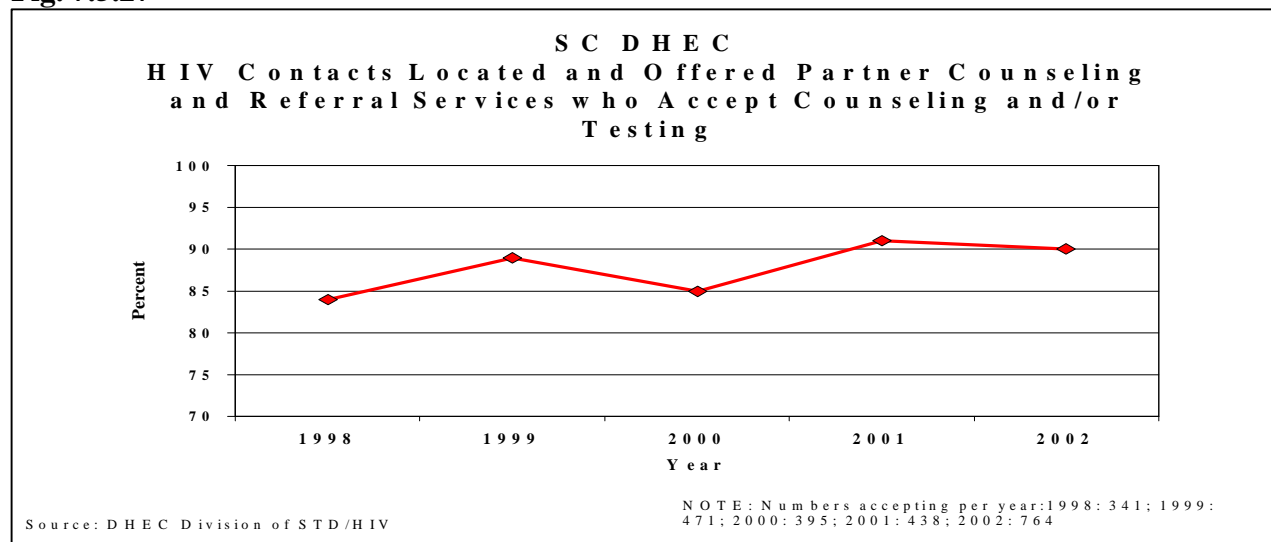
Fig. 7.5.25

The DHEC AIDS Drug Assistance Program, which provides essential medication to persons living with AIDS who are program participants, has seen its caseload more than double in the last five years. Since 1998, the proportion of White participants has decreased slightly from 32 to 27.4 percent, while the proportion of Black participants has increased from 65 to 69 percent. This change reflects the proportion of persons living with HIV in South Carolina (three out of four persons are African American) and increased efforts to link African Americans to HIV care and treatment services. The average monthly cost for each participant is about \$1,000, and an estimated \$13 million is needed to maintain the current caseload.

Fig. 7.5.26

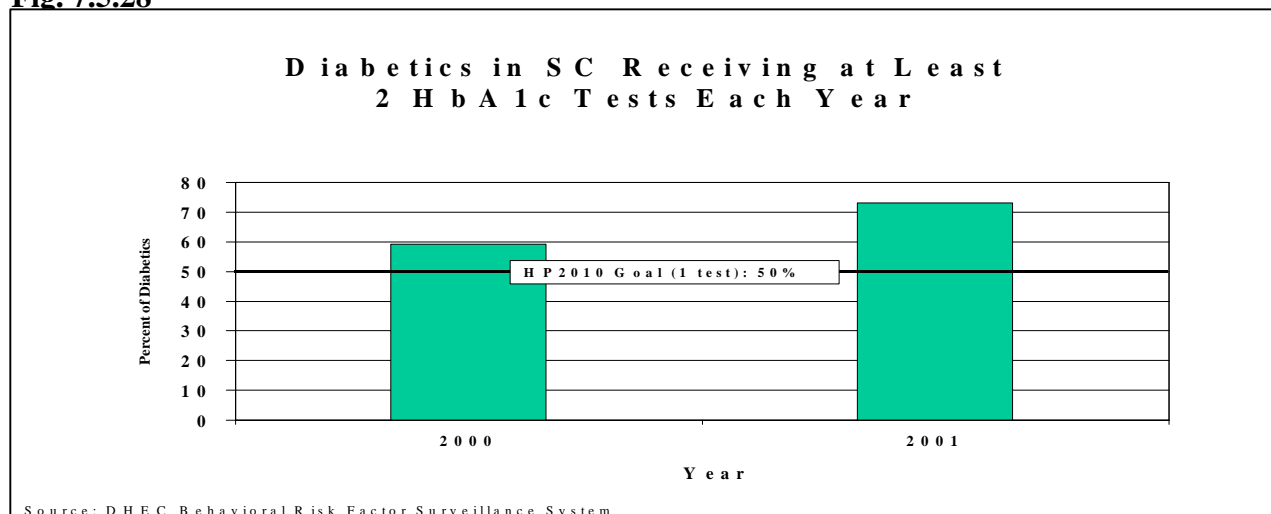
The overall number of reported HIV cases in South Carolina has been decreasing since 1995 with about 950 new cases of HIV diagnosed in the state each year. While the number of new persons diagnosed with HIV appears to be leveling, many persons have not yet been tested and are unaware of their infection. African Americans continue to be affected more severely than other racial and ethnic groups—about three of every four persons recently diagnosed with HIV in our state are African American. Improved drug regimens help HIV-infected people live longer, healthier lives and contribute to a steadily increasing number of people living with HIV/AIDS in South Carolina. At the end of 2002, 12,583 persons were reported to be living with HIV infection (including AIDS) in the state.

Fig. 7.5.27



Partner counseling and referral services assist HIV-infected persons with notifying their partners of their exposure to HIV and is an effective strategy for reaching persons at very high risk for HIV infection. Among persons reached through partner notification and who were tested during the past five years, an average of 16% were newly diagnosed with HIV infection. The majority of partners who are located and offered partner counseling services receive counseling and testing or counseling alone, with ninety percent accepting services during the past two years.

Fig. 7.5.28



Diabetes is a major public health problem in South Carolina. At least 300,000 people in South Carolina have diabetes and it is the sixth leading cause of death in the state as well as the nation. DHEC, in collaboration with the Federal Bureau of Primary Care and the South Carolina Primary Health Care Association, has been working with three Community Health Centers across the state on “adherence to diabetes recommended standards” of care including monitoring via the HbA1c test, a measure of long-term glucose control. To date, the results are encouraging. DHEC’s Diabetes Program will be expanding this effort by partnering with five additional Community Health Centers that are a part of the Diabetes Collaborative.